ATTENDING PHYSICIAN The law

TO HOSPITAL O

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, an other troumatic event, the medical examiner must be natified at once.

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DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ourse, that the death certificate he executed within 24 hours after death. Pode 4 mil
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STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPARTN		ICATE OF DEATH		NY 9 REG. N	0. 4	ช	5 5	
	CEASED NAME FIRST OR PRINT) John		roll	Arma	cost	2	o. DATE OF DEATH	MONTH DA	Y YEAR 79	25 HOUR 4:00 A	AM
3. SE	Male	4 RACE White		5. DATE C	15 DAY 25	AR 6	AGE (IN YEARS LAST BIRT		FUNDER I YEAR		
7a BI	RTHPLACE STATE OR FOREIGN OUNTR' Maryland	76 CITIZEN OF U.S	what country?	MARRIED W NEVER MARRIED WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY OF DEATH Carroll County				
	estminster	11. NAME OF (IF NOT IN SUC 2145	HOSPITAL, NURSIN THE ACILITY, GIVE STREET A Tyrone R	IOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACILITY, GIVE STREET ADDRESS) Tyrone Road			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) STOPE CLORK (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETAIL				
130. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Car	OTHER INSTITUTION ITY	Give RESIDENCE BEFORE 13c. CITY OR TOWN Westmins	N	13d INSIDE CITY LIM	NITS?	SIREE ADDRESS Tyr	one Ro	ad		
14. F.A	C. Rol	and	Armacost		15. MOTHER'S MAID FIRST Treva	EN NAME	WIDDLE	d realize	Groff		
16a V	VAS DECEASED EVER IN U.S. AR. res, no or unknown) (if yes, give No	MED FORCES? WAR OR DATES}	219-14-0		Mrs. Core	a Arm	acost,2145		e Rd.	Maryla	
TION	Conditions, if ony, which gave rise to immediate couse all, stoffing the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D					1E TERMIN					=
TIFICA	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTIFY		S OF DEATH?	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e. PLACE	OF INJURY M. MONTH DA M. ' OF INJURY REET, FACTORY, OFFICE, F.	19	21f. LOCATION	OCCURRED	CITY OR TO				
W	WHILE NOT WHILE AT WORK 200 I certify that (I) (this hosping with a deceased alive on the deceased of the one of of the	tol) attended the	ne deceosed from_19	9/2 79 _{, or}	23/77, 19_ nd that in (my) (our) o DEGREE M.D. ATTEND PHYSIC	DING CIAN 🔼	, to 6/10/	ote and hour of	22c. DAT	11/79	
23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE	23c. N		emetery or crema	TORY	23d LOCATION CITY OF TOWN Pleasant				
77	UNERAL DIRECTOR NAME iles Funeral Ho		ADDRESS		2	25a.JUN	ET 1881979 RAR	25 DEG 1953	y free	Breedy	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer deoth. Page 4 migreterationed by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, and should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours often the with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	her froumotic event, the medical examiner must be notified at once.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbanpapers. with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumoric event, the medical examiner must be notified or once.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

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REGISTRAR			CERTI	FICALE OF DEATH	REG. NO.		10.53	1		
1. DECEASED NAME FIRST (TYPE OR PRINT) Char		bert		nold	20. DATE OF DEATH MON	CO HTH	YEAR 1970	26 HOUR		
3. SEX Male	4 RACE Whi	te	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY	MON	INDER I YEAR	IF UNDER 24 HRS		
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland				WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH Carroll Co.			
10. CITY OR TOWN OF DEATH Taneytown	322 Ro	berts Mi	11 Ro		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ing				
USUAL RESIDENCE (IF NURSING HOM 136. STATE 136 CC Maryland Ca	E OR OTHER INSTITUTION DUNTY TOLL	GIVE RESIDENCE BEFORE 13. CITY OR TOW Taneytor	N	13d. INSIDE CITY LIMITS? YES MO	322 Roberts	Mill	Road			
14. FATHER'S NAME FIRST George An	thony	Arnold		Katnerine			Weav	er		
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IEYES	ARMED FORCES? GIVE WAR OR DATES)	216-05-20		Mrs. Mary Ang	gela Arnold T	22 Ro	berts	Mill RD. MD 21787		
Conditions, il ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b) DUE TO, O		NCE OF	NOT RELATED TO THE TERM	Ti bled Di Alnal disease pr Condition ONGEST: LE	ON, GIVEN	IN PART III	o'.		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1 00	- 100	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20			NGS USED S OF DEATH?		
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR		RED (ENTER MATURE OF INJURY IN	ITEM 18, PART I	OR PART 2)			
AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE		
272.1 certify that (i) this has saw the decased after obove (ii) we) thich (old 275.5) GNATURE	miller	4 197		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote of	910				
22d. PHYSICIAN'S NAME (TYPE CONTINUE OF CO	0 1	MARFOR	21	222 ADDRESS 49 Fredery EMETERY OR CREMATORY	ele St. Ya	eery.	from	. And		

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(VR A 15 (4))

Skiles Funeral Home

Burial

24 FUNERAL DIRECTOR

St. Joseph's Cemetery June 9,1979 136 E. Baltimore St. Taneytown, MD 21787

Taneytown, Carroll, Maryland

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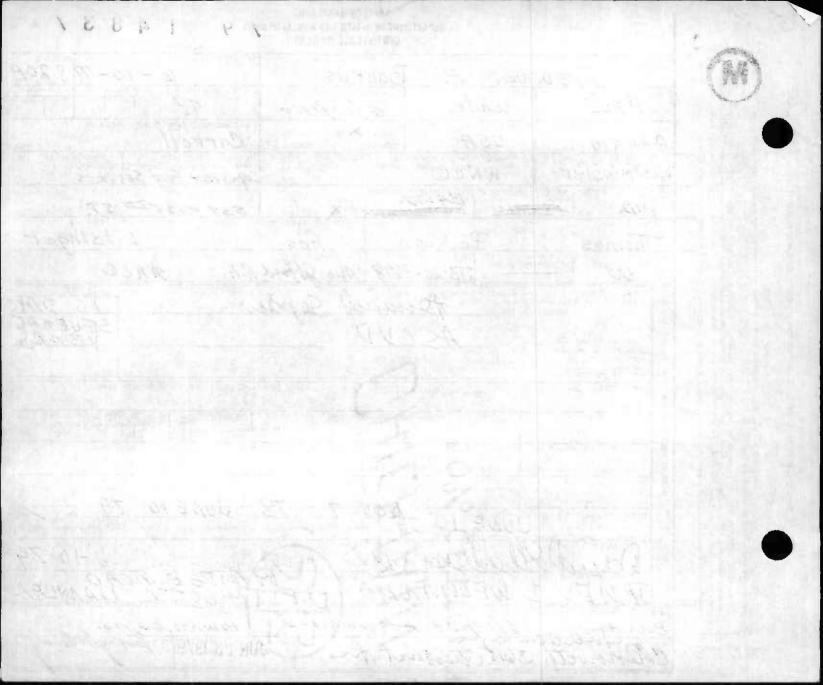
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDOLE DECEASED NAME FIRST 20. DATE OF DEATH MONTH · DAY 26 HOUR (TYPE OR PRINT) E DERICK IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) DAYS 1900 To BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUGH ACHITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY_ Vesiminsler SUMETVISOR Food Se VICES USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 130 STATE TISK COUNTY 13d. INSIDE CITY LIMITS? 839 W,35 YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE homas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 9 0 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be YES [NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY 00 Ē HOUR A.M. MONTH DAY YEAR ental OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21f. LOCATION 21s. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) pitended the deceased from saw the deceased alive on UN 197 and that in (my) (per) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (aid not) view the bady after death DEGREE 22c DATE SIGNED MEDICAL 4 ALTENDING STAFF be deta PHYSICIAN FUNERAL DIRECTOR PHYSICIAN [MPORTANT 22e. ADDRESS ld b 4 3d. LOCATION 23a. BURIAL 23b. DATE STATE EADOWBIPEE

HOWARD, CO

250. DATEREGID BYREGOTOR

DHMH - 16 50M 7/77 (VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			ICAIE OF DEATH	REG. NO	CHEST STORY	The second secon				
	PECEASED NAME FIRST FROM		Belle.	stei	The Brite of Bernin	aonih day	YEAR 979	845/			
3. SE	Female	1 RACE While	5. DATE C		6 AGE (IN YEARS LAST BIRTH	YRS	DAYS	IF UNDER 24 H			
ly C	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Congrold	COUNTY OF DE	ATH				
	Sykes ville		OSPITAL, NURSING HOME OF FACULTY, GIVE STREET ADDRESS!	enter institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INC	KIND OF USTRY	BUSINESS Wife			
130.	STATE 136 CC	E OR OTHER INSTITUTION, ODUNTY	SIVE RESIDENCE BÉFORE ADMISSION) 130 CITY OF JOWN (13 altimo)	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ona Ave	nue				
	FATHER'S NAME FIRST Salvatore	MIDDLE	Zito	Rosierio	MIDDLE		gast				
16a	(IF YES,		217-09-4993	17. INFORMANT	ADDRE	Elizabet					
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		4 C 64	MATERIAL BAZA MISTET AND DE							
	Conditions, if ony, which gove rise to immediate	((b)	generalized	arterioschero	sis-A.s.H	. Dr /	ear	5.			
Z	couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICAL	DUE TO, OR		NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN	PART 1(c	D)			
TIFICATION	couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICAL	DUE TO, OR (c) NT CONDITIONS CO			200 AUTOPSY? YES NO M	206. IF YES, WER	FINDIN	IGS USED			
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR (c1	NTRIBUTING TO DEATH BUT NEW TO TO THE STATE OF THE STATE		200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES Y IN ITEM 18, PART 1 OR	FINDIN CAUSES	IGS USED OF DEATH!			
	COUSE (0), storing the underlying couse lost underlying couse lost provided the underlying cause of the either, notify medical examples at work cobove, (f) (we) (did) (d	DUE TO, OR (c1 NT CONDITIONS CO A	INTRIBUTING TO DEATH BUT WENT TO DEATH BUT WENT TO DEATH BUT INJURY A. MONTH DAY YEAR A. 19 DET, FACTORY, OFFICE, FARM, ETC.) deceosed from 19 office death.	21t. HOW INJURY OCCUR 21f. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO ME RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do	20b. IF YES, WER IN CERTIFYING YES YES YIN ITEM 18, PART 1 OF	PART 2)	IGS USED OF DEATH! NO STAT!			
	COUSE (0), stoting the underlying couse lost underlying couse lost PART 2. OTHER SIGNIFICAL SECTION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK ON THE COUNTY OF COURT OF COUNTY OF COURT OF COUNTY OF COURT OF COURT OF COUNTY OF COURT OF COUNTY OF COURT OF COUNTY OF COURT OF COURT OF COUNTY OF COURT OF	DUE TO, OR (c1	INTRIBUTING TO DEATH BUT WENT TO DEATH BUT WENT TO DEATH BUT INJURY A. MONTH DAY YEAR A. 19 DET, FACTORY, OFFICE, FARM, ETC.) deceosed from 19 office death.	21t LOCATION 21t LOCATION STREET nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO M CITY OR TOW to June 6 death occurred on the de	20b. IF YES, WER IN CERTIFYING YES YES YIN ITEM 18, PART 1 OF	PART 2)	IGS USED OF DEATH? NO STATE that (1). (we couses state			

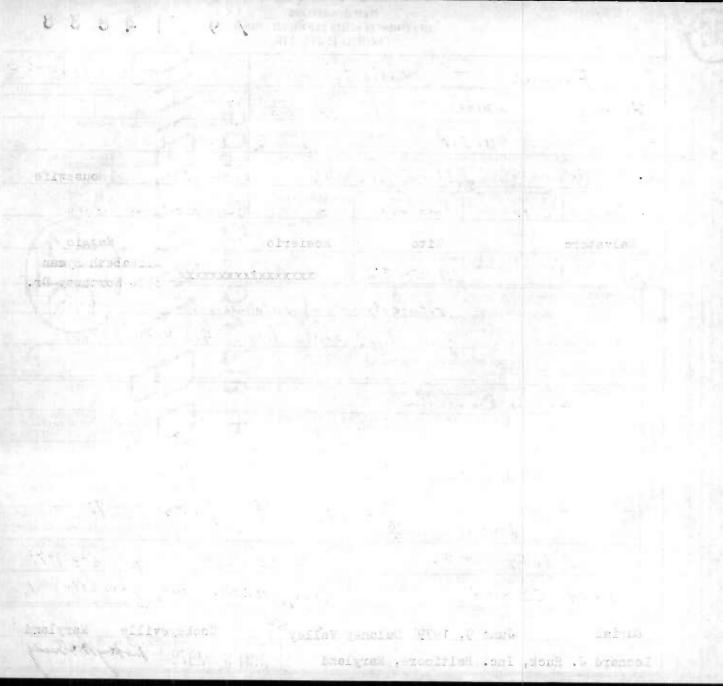
DHMH - 16 25M

retained by the haspital or offending physician.

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(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the businfarrons appearant. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.



filled in by the funeral di ould be filed within 72 ha

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE (3)

	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0	*
	DECEASED NAME FIRST YPE OR PRINT) VIRG	巨山	EE PHILL	IPS BOWLE	JUNE	11 1979	5 3 A M
	FEMALE	4 RACE	TE "	TE OF BIRTH PAY 1920	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
1.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U,S.	A. WHAT COUNTRY? B. MAF. WIDG	RRIED NEVER MARRIED DIVORCED	1 1 1 1	20 LL	MD
V	VESTMINSTE		HOSPITAL, NURSING HOA THEACILITY, GIVE STREET ADDRESS Iniontown Ros	ME OR OTHER INSTITUTION ad	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	of BUSINESS OR Y
13	SUAL RESIDENCE (IF NURSING HOME Of a STATE 136 COU Carr	NTY	GIVE RESIDENCE BEFORE ADMISS 13c CITY OR TOWN Westminster	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	NIONTOWN	VRD.
D A	Robert	MIDDLE	Phillips	15 MOTHER'S MAIDEN NA FIRST Martha	WIDDLE	2	AST
160	WAS DECEASED EVER IN U.S. AI (YES, NO ORUNKNOWN) (IF YES, GIN	RMED FORCES? (E WAR OR DATES)	214 27 7100		wles Same	as # 13	DXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse o), stating the underlying couse lost) b)_	r as a consequence o		= RECT		
CEPTIEICATION			DNTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NOTO	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
AMEDICAL CES	OR CONTRIBUTION CHURCOT OF BE	P. 21e PLACE	m. month day ye m.	19 211 LOCATION	RED (ENTER NATURE OF INJUR		STATE
	270.1 certify that (I) (this hosp sow the deceased alive or above, (I) (S.E. (did.) (d.e.) he will be some some some some some some some som	JUNE	1 19/9	eg 1979 ond that in (my) (per) opinion DEGREE		22c. DAT	that (we) lost the couses stated
-	22d PHYSICIAN'S NAME (TYPE O		ollver	220 ADDRESS	DIRECTOR STAF	IAN [1 -79

DHMH - 16 60M 1/75

10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician IMPORTANT: If them 21 is morked or them 18 shows ony

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 6/13/1979

230 NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery

emetery Westminster Carroll
250. Date Idn BI REGISTANDS. REGISTANDS.

Md.

254 E. Mainest. Westminster

1 Letcher & Son Funeral Home

23b. DATE

Md.

(VR A 15 (4))

BP.

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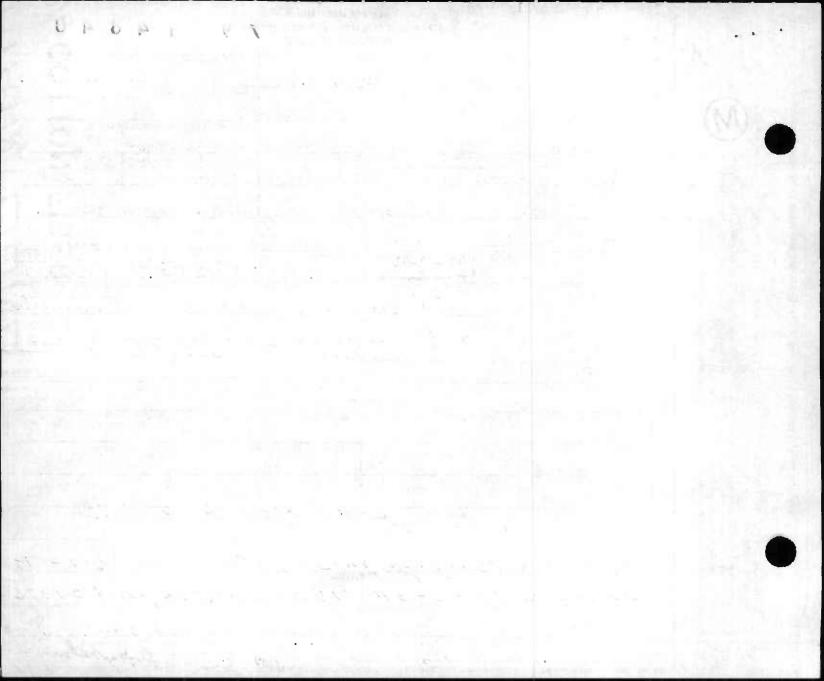
	0 87		3. SE	<	4 RACE		5 DATE OF	BIRTH		6 AGE (IN YEARS LAST BIRTH
	AA			Male	Wh	ite	70	18 DAY	1908	7.0
	2 (1 9]		7a. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY OF
	1	79	CC	DUNTRY)	7:	I CA		☐ NEVER		077 0
	do the go	4	10 CI	Tennessee TY OR TOWN OF DEATH		USA WIDOWED TO DIVORCED				Carroll C
	4 45 4	12			(IF NOT IN SUC	(IF NOT IN SUCH FACULTY, GIVE STREET AGGRESS) Carroll County General Hospital				(TYPE OF WORK FOR MOST OF
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0 2 1	tho d be	20	13a S	TATE 136 COUN	1TY	13c CITY OR TOW	N 1	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS
A	rland :			MD Carro	22	Westmir		YES 🗌	ио 🕅 Х	1372 S. Pl
RYL	etel)		14_FA	THER'S NAME	MIODLE	LAST			'S MAIDEN NA!	MIGDLE
WW	w pe w pe w po	260		Joseph Whi	tfield Burger			N	lary Ell	.en
ar m	execut ond co oges f	1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	160 SOCIAL SECY	BHAND.	17. INFORM	ANT	Barbara T
BALTIMORE one be executed by the second of t		(1	No	- WAR OR DATES	100-01-4	1102	1430 8	. Pleas	ant Valley	
RECORDS, 201 W. PRESTON ST.	requires that the death certificate en signed by the attending physici I. Then please remove carbonapaes or to burial, cremation, ar removal. y injury, ar ather troumatic event, thy		CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE	ENCE OF		D TO THE TERM	
ECC	low re s beer prior	0	ICA.	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?
A	The clon.	7	RTIF							YES NO
OF VII	PHYSICIAN. The ending physicial this certificate he burial-transit pid Mental Hygiel don tem 18 show	1	EDICAL CE	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110	PEINJURY M. MONTH DA M.	AY YEAR	21¢ HOW II	NJURY OCCURE	RED (ENTER NATURE OF INJUR
DIVISION	his of his of he but		EDI	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATI	ON	CITY OR TOW
N			>	WHILE NOT WHILE AT WORK	(Al HOME, SI	CET, FACTORT, OTTRE, F	MAN, ETC.)			
۵	ENDING of or off OR: After Use os if Health o			220.1 certify that (1) (this hospi	tal) attended th	e deceased fram_	6-	7/	19:79	
	TEN ortol for u			saw the deceased alive an above, (1) (we) (did) (did no	6-	1 2 19 7	7 9, and	that in (my) (aur) apinian d	death accurred an the do
	REC REC spt.			22b. SIGNATURE	Ti view the body	offer death	D	EGREE		
	the the District District Designation			En hrais	11 72	00000	e o r		ATTENDING PHYSICIAN	MEDICAL STAF
	SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT			224. PHYSICIAN'S NAME (TYPE O	R PRINT)	20		22e ADDRE	SS	
	o HOS stained O FUt hould with the	1		EphRAIN	N JSA	RZA	GA	ME	Ew v	VINDSOI
	F F F N S S		22 p	LIDIAL CREMATION DEMOVAL	224 DATE	123. N	JAME OF CE	METERY OR	CREMATORY	1224 LOCATION

Item 16b g532 6/21/79 gj

BP____ DHMH - 16 50M 1/76 (VR A 15 (4))

FOR STATE REGISTRAR			DEP		EALTH AND MENTA		REG. NO	4	8 4	0
DECEASED NAME	FIRST	A	AIDOLE	l.	AST	T			AY YEAR	2b. HOUR
TYPE OR PRINT)	win	Wa	une	Bur	ger. Sr.			6 12	1979	2:21pm
SEX		4 RACE	9,100	5 DATE C		6	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	-
Male		Wh	ite	MONTH			70		ONTHS DAYS	HOURS MIN
. BIRTHPLACE (STATE OR FOR	EICN	76 CITIZEN OF	WHAT COUNT	10	18 190		70 BALTIMORE CITY O	P.COLINITY	OF DEATH	11
COUNTRY)	EIGN			MARRIEI	NEVER MARRIE				OFDEATH	
Tenness		V .	SA	WIDOWE			Carroll C			MD.
CITY OR TOWN OF DEAT							12b. KIND OF BUSINESS OR INDUSTRY			
Westminster					l Hospital		Carpenter	1		SACO
SUAL RESIDENCE (IF NURSIN	G HOME OR		GIVE RESIDENCE		13d. INSIDE CITY LIM	ITS2 11	13e STREET ADDRESS			
	Carro			minster	YES NO		1372 S. Pl	easan:	t Valle	eu Rd.
FATHER'S NAME					15. MOTHER'S MAID	ENNAM	E	, ;		
Joseph	Whi	tfield	Bust	rger	Mary	F.7.7.0	MIGDLE MIGDLE	47	Bel	7.0
WAS DECEASED EVER IN				SECURITYNO.	17. INFORMANT	2000	ADDRE	SS .	Devi	2115
(YES, NO OR UNKNOWN) ((IF YES, GIVE	WAR OR DATES)	109-0	THITOC	1430 S. Pi	Mrs. Leasa	Barbara I	Raitt	estmin	ster, MD
18 CAUSE OF DEATH	Enter on	lu ana cauca nac					J			ONSET AND DEATH
PART I. DEATH WA	SCAUSE	Ď BY.	line laira 70	and a	0 1 2 1 0		for all		BETWEEN	ONSET AND DEATH
1/	MMEDIAT	E CAUSE (a)		- Gio	July 1		100 90		10	26 , 112 000
14292		DUE TO, OF	AS A CONS		0. 7	×				
Canditions, if ony,		(Ib)_	arc-	erips	ellrall	<u> </u>	carcin	1000	- 6/-	lars.
couse (a), stating	the	DUE TO, OF	R AS A CONSE	EQUENCE OF	eu Car	de	21421		0	
underlying cause	lost	(1c)								
PART 2 OTHER SIGNI	FICANTO	ONDITIONS <u>CC</u>	ntributing	TO DEATH BUT	NOT RELATED TO TH	E TERMIN	VAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
190 DATE OF OPERATION	ION 196 CONDITION FOR WHIC			HICH OPERATION WAS PERFORMED			20a AUTOPSY?	WERE FINDINGS USED		
							YES T NOT	YES		NO [
210. ACCIDENT WAS UNDER	RLYING [] 216 TIME O		· ·	216 HOW INJURY C	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT I OR PART 2)	<u> </u>
OR CONTRIBUTING CA			M. MONTH							
21d INJURY OCCURRE		21e PLACE (19	211 LOCATION					-
WHILE THOT WHIL	.E	(AT HOME, STR	EET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TOW	'Ν	COUNTY	STATE
AT WORK					1	10	10-1	-	93	
220.1 certify that (I) (t		tal) attended the	deceased from	- D	. 19	17	_, to		19	that (I) (we) last
saw the deceased above. (1) (we) (did	d) (did not	t) view the body	ofter death	19, an	d that in (my) (aur) a	pinian de	eath accurred an the do	te ond hour	ond from the	couses stated
226. SIGNATURE				į.	DEGREE				22c. DATE	SIGNED
Ephr	air	n 73	2120	agg, 1	ATTEND PHYSIC	ING IAN 14	MEDICAL STAF		6-	12-79
22d. PHYSICIAN'S NAA	AE (TYPE OF	R PRINT)		01	22e ADDRESS					
EphiR.	AIN	1 JSA	RZI	AGA	MEW	- 4	INIdSO.	2 2	201.	21776
BURIAL, CREMATION, RE	EMOVAL	236 DATE		230 NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	-3-	COHNIY	STATE
(SPECIFY) BURIAL		6/16/7	9 h	Meadowbr	anch Cemet	enu	Wostminet	on Co	arroll	MD
FUNERAL DIRECTOR Lc	ring	Byers .	Funeral	l Direct	ors, P.A.	a. DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	TURE
728 Tiberty	Rd.	Randal.	Lstown.	MD 2.7	133		14 / 1070	The is	mul 8	Brooks

STATE OF MARYLAND



certificate be

ATTENDING PHYSICIAN: The lo

TO HOSPITAL OR

retained by the haspital or attending physicion,

					STAT	E OF MARYLAND				
1	FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE Q	1 4	8 4	
1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	250 11		4	
DE	CEASED NAME	FIRST		MIDDLE	- 1	LAST	REG, NO		YEAR	2b MOUR
	OR PRINT)			- /	2					10 AC
	J	ULIA		E. 5	SURK	HOLDER	June 1	3, 1717		1900 M
. SE	X	4.	RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN
F	EMALE		CAUCA	.,,	07	07 04	74	YRS.		HOURS MIN
	RTHPLACE (STATE OR FO	REIGN 76		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		F DEATH	
L	UISCONSIN		USt		WIDOWE		CARRO			MD
0. C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	OF BUSINESS OR
W	ESTMINSTER		28STMIN		16 + CO	NUALESCENT TER				
JSU.	AL RESIDENCE (IF NURS	ING HOME OR OT		13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	ARYLAND	CARRI		WESTMIN	4	YES NO	331 N. COL	ONIAL F	AVE.	
4 F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	1		
	FIRST	-	DLE	LAST	1	Laura	WIDDLE		Houst	On.
4- 1	Henry VAS DECEASED EVER	R.	D EODCES2	Natwic 116b SOCIAL SECU		17. INFORMANT	ADDRE	SS	11000	
	YES, NO OR UNKNOWN)	(IF YES, GIVE W		214-46-82		11. INFORMANT	n 41/1	00		412
	No			414-40-05	10	FRANK A. L	SURKHOLOPA	- >HI	1/2 /4S	11-3
	18 CAUSE OF DEAT	H (Enter anly	one cause pe	r line for (a), (b), and	d (CI	r 11	,	49 10 1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE		Car	-1.lho	ma of the	colon		31	2 un
	1529	MMEDIATE							100	0
	00/		DUE TO, C	OR AS A CONSEQUE	NCE OF					
	Conditions, if ony, gove rise to imn		(b)_					20.00		
	cause (a), statin		DUE TO, C	OR AS A CONSEQUE	ENCE OF				101	
	onderlying coose	1031	(c)_							
	PART 2. OTHER SIGN	HFICANT CO	NDITIONS C	ONTRIBUTING TO D	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a i
O	no	ne,								
AT	19a DATE OF OPERAT	ION	196. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		
CERTIFICATION	6/78		1 6	ancer-	colost	omy pertorm	YES NOW	YES	NG CAUSES	OF DEATH?
E.	210. ACCIDENT WAS UND	ERLYING	21b. TIME		-111110	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T 1 OR PART 2)	
	OR CONTRIBUTING				-		- 00			
MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURE		_	OF INJURY	19	21f. LOCATION				
ME	WHILE NOT WE			TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	/N	COUNTY	STATE
	AT WORK AT WO	RK 🗀		-	1	1				
	220.1 certify that (1)				6/		, ta	3	79.	that (I)(we) lost
	sow the decease abave. (1) (we) (c	dalive on_	e//	2 19 "	161 , 01	nd that in (my) (our) opinion	death accurred on the do	ste and hour a	and from the	couses stated
	22b. SIGNATURE	nar julia marr	view the ood	/ / / / A	,	DEGREE			22c. DATE	SIGNED
	((//	AlA	-1/1 .1	1///		ATTENDING	MEDICAL STAI		16-	13-70
	201 DHYSICIANIS NO	V KJO	uver	W -			DIRECTOR PHYSIC	IAN	10	10 14
	22d PHYSICIAN'S NA	ME (TYPE)OR P	RINT	11 1		22e. ADDRESS	1114	4	1110	21100
	ITTUR S,	kh	Ker	111-12.		19 Kage Rd	Westing	1et 1	(11)	01(3)
_										

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remave carbonpapers. Pages I and 2 should be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

medical exam

injury, or ather traumatic event, the

marked ar Item 18 shaws any

IMPORTANT: If Hem 21 is

23b. DATE 6/16/79 230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Evergreen Memorial

23d. LOCATION CITY OR TOWN Gardens

COUNTY

STATE

Thomas BorF East Main St. Fletcher Westminster, Maryland 21157

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

DALE REEL ST. MAN. D.				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGNENE (3)

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG, NO
1 DECEASED NAME FIRST (TYPE OR PRINT) Winfiel	MIDDLE R.	Caples	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
			6 AGE (IN YEARS LAST BIRTHDAY) FUNDER LYEAR IF UNDER 24 H
Male	4. RACE White	Jan. 7, DA 1902 YEAR	The factor of th
BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY COUNTRY CO.	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED IN NEVER MARRIED WIDOWED DIVORCED	_ (;prmol)
10 CITY OR TOWN OF DEATH Finksburg	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION TREADBRESS)	120 USUAL OCCUPATION (Type of work for most of working life) INDUSTRY Retired Congoleum Inc.
SUAL RESIDENCE (IF NURSING HOME OF 136 COUNTY MAD 1	OTHER INSTITUTION, GIVE RESIDENCE BUTY CITY OR T		1 3749 GRUDEL DU.
Robert J,	MIDDLE Capl	es Clara	
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE		8-6454 Mrs. Emma	R. Caples Finksburg, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 1190. ACCIDENT WAS UNDERLYING [190. ACCI			TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE		DAY YEAR 19 211 LOCATION	YES NO YES NO COUNTY STATE
220.1 certify that (I) (this hospi	with the body ofter death.	-7/1	
230. BURIAL, CREMATION, REMOVAL	23b. DATE June 6,79	23c. NAME OF CEMETERY OR CREMATO Evergreen Memoria	CITY OF IOWN COUNTY STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

retoined by the TO HOSPITAL

TO FUNERAL DIFFCTORS should be detaching for minwith the State Deed of the Control of the Contro IMPORTANT:

24 FUNERAL DIRECTOR

Elime Funeral Home Reisterstown, Md. 21136

Finksburg, Md. 250. DATE REC'D. BY REGISTRAR DEGISTRARY SIGNATURE JUN 6



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4	7, 1902	Het.		2E84
£form)		181		.00 Horrs
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3'AC Camber Bd.		Pinelupg	Characa	.526
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L Ciples Marketing 17.	ens .es/	CASS-PS-ANS		To

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH ARTHER DEATH, WITH THE STATE DEPARTMENT OF HALLELY AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 301 W, PREED AND MENTAL PROGREMS.

1.	500		N CONTRACTOR			MARYLAND	12/24/24			
1-	FOR STATE			DICAL EXAMI		HAND MENTAL I	PENENT	14	8 4	1 3
	CEASED NAM	E FIRST	ME	MIDDLE	IVER 3	LAST	24. DATE	REG. NO.	TH DAY	YEAR I
(TY	PE OR PRINT)	1000	. Le		Co	vdivell	OF-	ESTI- MATED []	1 7	1079
3 SE	X	1 RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UT	NDER 1 YR. IF UNDER		MONT	H DAY	YEAR
-	emale	White	March 26,		YRS.	HS DAYS HOURS	MIN PRONOUN DE AD	6	2	19/9
FC	RTHPLACE (S	ville, W	76. CITIZEN OF W	S. A.		ELED _ NEVER MARR	NED U	ORE CITY OR COU	INTY OF D	EATH
	ITY OR TOWN	-		PITAL, NURSING HO	ME, OR OTH		120. USUAL OCCUI	ATION (TYPE OF WOR	K 12b KIN	1D OF BU
S	kesvil	le /	Springs	chity, give street ADDRES	e Hosp	oital	FOR MOST OF WOR	LIE	Ow Ow	n Hor
USU			AE OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI		138. INSIDE CITY LIMITS2	II3e. STREET ADDRE	SS		
_	ryland	Was	hington	Boonsbor		YES NO	Rfd. 2			
14. F.	ATHER'S NAM		Edward	Barney		IS. MOTHER'S MAID		therine	Ev	eret
16a. \			ARMED FORCES?	16b. SOCIAL SECUR	RITY NO.	17. INFORMANT	, oa	ADDRESS		
N	WAS DECEASE ES, NO, OR UNKNO)	(IF YES, G	IVE WAR OR DATES)	234-22-6	800	Mrs., Ruth	Strother,	Ard. 4,		Md.
	18. CAUSE C	F DEATH (Enter	only one couse per line	for (o), b), and (c).)	d	1 1	1	0/1	52.2	PRODUMATI
	CAL	ATH WAS CAU IMMED	IATE CAUSE (o)	Skylla	Mu	e to MS	Makeou	1	1	2000
2	Conditio	ns, if ony, whi	ch DUE TO, OR	12	FOF	/		/	re.	411
	cause (a	se to immedia stoting the <u>und</u>		AS A CONSEQUENC	E OF					
16	lying car	use lost.	(c)					200		
1,	PART 2 BTHENS	GNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NO RELATED TO THE TE	RAUNAL DISEAS	E OR CONDITION GIVEN IN P	19/1101/2/		19	,,
ATIO	19a. DATE OF	OPERATION	1196 CONDIT	TION FOR WHICH OP	ERATION	VAS PERFORMED?	whell T	1 pe	20 0	TAS
CERTIFICATION	105.55	/							Y	ES 🗍
GR	210 EXTERNA	AL CAUSE WAS	216. TIME OF HOUR A.M	INJURY MONTH DAY YE	AR 21c. H	OW INJURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR	PART 2)	11
MEDICAL	CONTRIBUTI	NG CAUSE C	F DEATH P.M	. 19		Cition				
MEC	WHILE AT WORK	- NOTHER	STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET	CITY OR TO	VN	COUNTY	
10				Sertion reduces to the service of th						
	deoth resid		orge of the remoins des	m de	Suicide	sy , Inspectio	on Inquiry Undetermined mo	and in my	opinion	
		1	1/1/	/	soicide	TITUE SPECIFF	Ondetermined inc	inner	_<	1
	SIGNATURE	Vias	are co	auce	N	LD. Wenty	MEDICAL EXAM	INPY SIG	NED	Jun
1	EXAMINER'S (TYPE OR PRI	NAME	hard/A.	Dones		Carlo	4 County	GRWINO	IN.	051
23a.B	URIAL, CREMA	TION,REMOVA	23b. DATE	23c. NAME OF C	EMETERY C	ADDRESS OR CREMATORY	234 LOCATION	much	0.	ne
1	Burial		6-6-79	Mt. Zi			San Mar,	Wash, Co		
	UNERAL DIREC		T ADDRESS	363	04710	25e, DATE	REC'DOBY REGISTRA	R 266. RECHSTAN	PHATEGORA	METON
1	onn H.	Bast,	ar. Roousi	oro, Md.	21/13	3	011	/		1

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reimo delland in Ind	lgnow meast information	affice.vi2
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Address of the best and the second	Florence Borrow	11
TE. MICH. M. D. Carlotte Mich. 31.	E 1 - 20 - 50 - 50 - 50 - 50 - 50 - 50 - 50	

4		1. DE	FOR 7/9/79 rc STATE REGISTRAR REGISTRAR GRASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. NO 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MA			OR PRINT) Eliza	beth Ruth	Coope		June 25, 197	
W		3 SE	Female	White	I MON'	DE BIRTH 1911.	6 ASSE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	30	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	WIDOW	The state of the s	Carroll Count	
by the lifed with	60	10 CI	Westminster	11. NAME OF HOSPITAL, NU. (IF NOT IN SUCH FACILITY GIVE ST CATTOLL	RSING HOME REET ADDRESS) County	or other institution Gen. Hospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING School teacher	LIFE) INDUSTRY Private Sh.
y filled in	35	713a S	AL RESIDENCE (IF NURSING HOME OF TATE Md. Balt ATHERS NAME	MTY 13c CITY OR T	OWN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 106 Chestnut H	ill Lane East
omplete	030	19. FA		MIDDLE Keir		Martha		O'Neal
n and co	Z	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	-6594	M. Fred Coope	106 Chestmut ler Reisterstown,	
death certificate attending physicis ve carban paper itan, ar remaval.	domaine event, me		5 7/5 Canditians, if any, which	nly ane cause per line for ital, (b) DBY TE CAUSE Ital DUE TO, OR AS A CONSE	NYUN	Known	hosis	BETWEEN ONSET AND DEATH
equires that the same by the same to buriel, crema	alory, or case of	NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	ninal disease or condition G	IVEN IN PART 1/a
The low recion. te has been sit permit giene prior	ス	CERTIFICATION	190 DATE OF OPERATION	Cholel. the		Daundice	YES NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
SICIAN: The physicic certificate orial-tronsit had been also been	100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
ottendir ter this so the bu	iked of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spital or STENDIN All for use of Health	SI S	5	22a I certify that (I) (this hosp saw the deceased glive on abave, (I) (viii) (did) (did)	1 /		nd that in (my) (a) opinion	deoth occurred an the date and ho	pur and fram the causes stated
AL OR A the har AL DIRE detoched ote Dept.			226. SIGNATURE	of Steen	in	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/25/29
TO HOSPITAL (retained by the TO FUNERAL Eshould be deto with the State I MADOPTANT, MAD	Tal la		John E. St			Washington	Hts., Westminst	er, Md.
P = ≥ ± 3 ≥		23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			cemetery or crematory	23d LOCATION CITYORTOWN ens Finksburg C	COUNTY STATE
OHMH - 16 60M 1/75 (VR A 15 (4))	1	24 FU	JNERAL DIRECTOR JAMES Sollar	of Owings Mil		236 DA	TE REC'D, BY REGISTRAR 25b. REGISTIN 2, 8, 1979	STRAR'S SIGNATURE

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STATE OF MARYLAND

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4	7		3	10.7

DEPARTMENT OF HEALTH AND MENTAL HYGISAE	
CERTIFICATE OF DEATH	

REG, NO 20 DATE OF DEATH AGE (IN YEARS LAST BIRTHDAY) 1909 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH

NEVER MARRIED

F.S.KEY

(IF NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS?

PART I. DEATH WAS CAUSED BY

FOR - STATE REGISTRAR

TYPE OR PRINT!

3 SEX

CERTIFICATION

MEDICAL

WHILE

DECEASED NAME

GEORGE

(IF YES, GIVE WAR OR DATES)

DELLA BEBERRY

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (C

AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE 2

DUE TO, OR AS A CONSEQUENCE OF

underlying couse

couse to, stating the

Conditions, if any, which gove rise to immediate

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (5)

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED
O. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY

P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED

YEAR 19 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 5-22 obove, (1) we) (did) (did not) view the body ofter death

DEGREE

and that in (my

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

Burial

NOT WHILE

23c. NAME OF CEMETERY

Woodsboro, Frederick, Md.

(Sur) opinion death accurred on the date and hour and from the causes stated

24 FUNERAL DIRECTOR

230 BURIAL

June 13.1979 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Skiles Funeral Home, 136 E. Balto., Taneytown, Md

DHMH - 16 60M 1/75

Rocky Hill Cemetery

22e ADDRESS

ntal Hygi

Hem 18

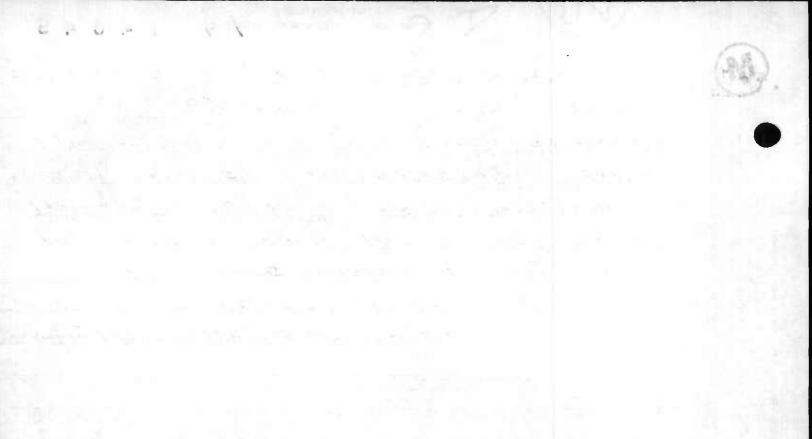
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WPORTANT:

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(VR A 15 (4))



and a plate to the state of the

All the property of the second of the second

death. Page 4 may be executed within 24 hours requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 Fours offer death

should be detached for use as the buriol-transit permit. Then please remove carban papers:
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

medical examiner must be notified at a

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

4	8	4	6
-	•	-8	V

	NE 0101111111						KEG. N	U.		
	DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		Emma		race	DiDo	menico		06-18	3-79	9:10 A
3. :	SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
E	Female		White		MONTH	05 DAY 20 YEAR 05	74	YRS.	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	XY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	ennsylvani		U.S.A.		WIDOWE	DIVORCED	Carroll			ME
10	CITY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	128 USUAL OCCUPATI			OF BUSINESS OR
	ykesville	1				1 Center	housewi	fe	Ne	me
13	UAL RESIDENCE (IF NO. STATE	IURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE		1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1	Maryland	Ci	ty	Baltir	more	YES TO NO	6 E. Prest	on Str	reet	
14	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	1	LA	ST
1	Harry			Cride	er	Jennie				
160	(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
L	No			214-71	1-4227	Records, Spr	ingfield Ho	spita		
	18 CAUSE OF DE	ATH (Enter or	ly ane couse per	line for (a), (b),	and (cl.)				BETWEEN	ONSET AND DEATH
	PART I. DEATH	IMMEDIA	TE CAUSE (a)	Arterio	sclerot	ic cardiovasc	ular diseas	8	ve	ars
	429	2	DUF TO O	R AS A CONSE	QUENCE OF					
	Conditions, if	ny, which	((b)			teriosclerosi	S		ve	ars
	gove rise to couse (o), sto	immediate	DUIT TO O	R AS A CONSE	C. 1. 5.					
		use last.	1000 10,0	K AS A CONSE	WOENCE OF					
	PART 2. OTHER S	IGNIFICANT (CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	/EN IN PART 1	(0)
2	Inf	ected	decubit							
15	19a. DATE OF OPE	RATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		S, WERE FINDS	
CEPTIEICATION							YES NOTO		S	NO [
1 8	210. ACCIDENT WAS		110110 4		D. WEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18. F	PART 1 OR PART 2)	
	OR CONTRACTOR		RIN	M. MONTH	DAY YEAR					
MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		21f. LOCATION			COUNTY	
1 2		WORK	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOV	VIN	COUNTY	STATE
1	220.1 certify that		ital) attended th	e deceased fro	m 12-1	2 19 54		8	19_79	that (I) (we) last
	sow the dece	eased plive on	ot) view the body		79.0	nd that in (my) (our) opinion	death occurred on the de	ote and hou	or and from the	couses stated
	22b. SIGNATURE		or view the body	affer deoin.		DEGREE				SIGNED
	Omi	otion	Dol	(d Am	100	MI) ATTENDING PHYSICIAN	MEDICAL STA	FF TIAN 📆	06	-18-79
1	III. PHYSICIAN'S	NAME (TYPE C	OR PRINT)	7010	11		ingfield Ho			
	Agust	in del	Campo,	M.D.	/		e, Maryland	*		
23	a. BURIAL, CREMATIC				3c. NAME OF C	EMETERY OR CREMATORY	234. LOCATION			
	(SPECIFY)			-79	Lower	Lild Permits.	CITY OR TOWN	1 1	COUNTY	MA.
24	FUNERAL DIRECTOR	2	1 = 4		1 00	250. DAT	TE REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNA	TURE
	Man .	111 74	night	ADDRESS,	11.	Mr. V	JUN 2 5 1979	to	way 1	12 Cready
	I TTACARA (~ / / /	~V///V	- WYTUWE	MILL I	· 64 4	IN U 101 W	4		

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	AN. The law requires that the death certificate be executed within 24 hours offer death. Four hysician.	Icote has been signed by the attending physician and completely filled in by the funeral directions permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within
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FOR

STATE OF MARYLAND		
ENT OF HEALTH AND MENTAL HYGIENS	9	1
CERTIFICATE OF DEATH		REG. NO.

DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENY G	NO.	4	8 4	17
	LAST	20 DATE OF DEATH	HINOM	DAY	YEAR	2h HOUR
•	Dunn		6	8	1979	7:15A
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF (INDER 1 YEAR	IF UNDER 24 HR

- STATE REGISTRAR I. DECEASED NAME FIRST Catherine DOC J 4 RACE 3. SEX MONTHS DAYS HOURS White 1918 Female 60 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED B NEVER MARRIED COUNTRY) Carroll County USA Chicago. Ill DIVORCED WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster Carroll Co. General Hosp. HWP (IF NURSING HOME OR OTHER INSTITUTION 3923 Falls Road 13g. STATE Carrol] Millers 13d INSIDE CITY LIMITS? Md. NO M YES | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE William McBean Helen M. unknown ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 323-16-4524 Mr. Raymond M. Dunn, Millers, Md. no APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0)		
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF CHAMM THE	MEDION	
couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF MITTERY TO	isease	
PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO BEATH OUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased fromsaw the deceased abve on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) did not) view the body ofter death

776 SIGPLATURE DEGREE 22c. DATE SIGNED o-8-20 MEDICAL ATTENDING STAFF

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Eline Funeral Home, Hampstead, Md.

21212 5820 York Rd., Balto., Md.

DIRECTOR PHYSICIAN

STATE

STATE

Md

Marcio M. Menendez, MD 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23h 0411-79 COUNTY

Burial Druid Ridge Cemetery 24 FUNERAL DIRECTOR

tery Pikesvill
250 DATE REC'D. BY REGISTRANDE HEGISTANDE SIGNATURE JUN 1 2 1979

should be detached the with the State Dept of IMPORTANT: If Item

DHMH - 16 50M 7/77 (VR A 15 (4))

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FUNERAL

haspital DIRECTOR

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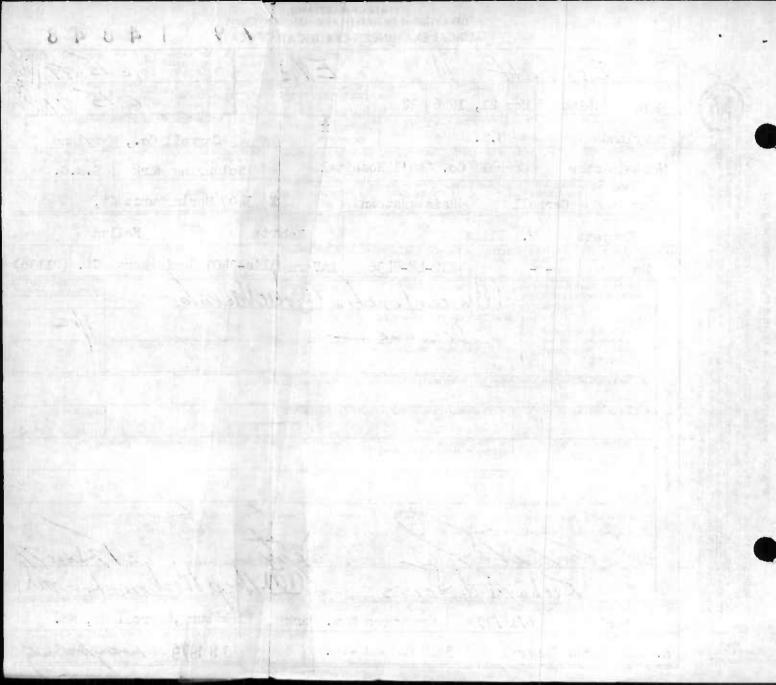
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELINE SECURE THE CERTIFICACE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PM. TO FUNERAL DIRECTOR: PAGE 3. SHOULD BE USED AS A BURBAL-RANSIT PERMIT. PAGES 1 AND 2. SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, THE BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL. CREMATION, OR REMOVAL.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	F AND 2, AND 3. RETA SHOUL
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	WEDIC CUTE T E 4 S FUNER IR DEA
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DHMH - 17 (VR A15 ME (5)) 15M 7/77

		FOR	DE	STATE OF	MARYLAND H AND MENT (LH)	YGIENE	
	- :	STATE REGISTRAR		CAL EXAMINER'S			4848
		CEASED NAME E OR PRINT)	FIRST	WIDOLE J	Ellie I	20. DATE KNOWN DE ESTI-	MONTH DAY TEAR OF THE STATE OF
	3. SEX		S. DATE OF BIRTH	6 AGE (IN YEARS IF U	NDER 1 YR IF UNER 2	MIN PRONOUNCED	MONTH OAY
	7n BIF	ale White	Nov 21, 1	T.COUNTRY2	RIED NEVER MIRRIE	9. BALTIMORE CITY OF	R COUNTY OF DEATH
5	M	aryland	U.S.A	WIDO	WED DIVERCE		o., Maryland MD
0	W	TY OR TOWN OF DEATH estminister	Carrollac	TAL, NURSING HOME, OR OT TO . GIVE GREET APPLESS HOSP		FOR MOST OF WORKING LIFE! Soldering Wor	OR INDUSTRY
5	13a. S1	TATE 13b		residence before admission) 13c. CITY OR TOWN Re isterstown	13d. INSIDE CITY LIMITY	3407 Springhu	rst Ct,
20	14. FA	THER'S NAME FIRST Everett	W. Ellis	LAST	15. MOTHER'S MIDEN Robert	MIDDLE	Kellum LAST
1		VAS DECEASED EVER IN ES. NO. OR UNKNOWN) (IF	VES CIVE WAR OR DATES)	212-48-8436	LaVern 1]1	is-3407 Springh	hurst Ct. (21136)
	Z	Canditions, if ony, gave rise to improve cause (a) stating the lying couse last.	MEDIATE CAUSE QUE TO, O which nediate (b)	A CONSEQUENCE OF	SE DR CONDITION GIVEN IPART	1 a	yrs.
2	FICATIO	190. DATE OF OPERATIO	DN 19b. CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES □ NO★
3	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE TO UNDERLYING ON CONTRIBUTING CAUSTING OF CAUSTING OF CONTRECT OF CONTRIBUTION OF CONTRECT OF CONTRIBUTION OF CONTRECT OF CONTRECT OF CONTRIBUTION OF CONTRECT OF CONTRIBUTION OF CONTRIBUT	JSE OF DEATH P.M.	MONTH DAY YEAR 19 INJURY JATHOME. 21f. LC	OCATION STREET	(ENTER NATURE OF INJURY IN ITEM 18 PA	
			ok charge at the lemains descri Makes Causes	bule bown, held in Auto	psy , Inspector Hancide IIIE IFY	Inquiry and under and under and under an and under an	DATE Jack 77
2	-	EXAMINER'S NAME (TYPE OR PRINT)	Tchar A. H.	20405	ADDRESS COS	Hosp, West,	nuster ma,
	23a. Bl	urial, cremation, rem Burial	OVAL 236. DATE 6/18/79	Evergreen M	lem. Park	Finksburg, Car	
	24 FI	NALan Seitz	Funeral Home	3818 Roland A		C'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE



1		1.
	M	1. DECE

n and completely filled in by the function Poges 1 and 2 should be filed and are the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRAE

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' -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	00.00	FIRST	C.	FR	USH	2a DATE OF DEATH	MONTH DAY	YEAR 19	26 HOUTO
3 SEX	Female	4 RACE White		S. DATE C		6. AGE (IN YEARS LAST BIR	7 YRS	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
CC	RTHPLACE (STATE OR FORE		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C	County	DEATH	MD
10 CI	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE)	DUSTRY	F BUSINESS OR
		HOME OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	al Hospital	Teacher 13e STREET ADDRESS		Schoo!	
	Md. THER'S NAME FIRST Edward VAS DECEASED EVER IN	MIDDLE U.S. ARMED FORCES?	Hampste Cheshir	e	YES NO HE 15 MOTHER'S MAIDEN NA FIRST LULA 17 INFORMANT	ME MIDDLE	-3	Dill	
		FYES, GIVE WAR OR DATES)	220-28-2	779	Mrs. Virgini	a F. Lash,	Hampstea	ad, M	MATE INTERVAL
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CERTIFICATION	190 DATE OF OPERATION	ON 196 COND	UTION FOR WHICH		IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH HOUR A	DF INJURY M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			
MEDICAL	21d INJURY OCCURRE WHILE NOT WHIL AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
	sow the deceased above, (1) (ye) (dia	olive on	19		nd that in (my) (of) opinion	death occurred on the d		from the	
	Salar De	Wesper	we Rad	D	ATTENDING PHYSICIAN [MEDICAL STA	FF \/	DATE 6	24 79
	274 PHYSICIAN'S NAN	Construct of the party p		0	22e ADDRESS			(,

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the hospital or attending

DHMH - 16 50M 1/76 (VR A 15 (4))

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia: should be detailed for use as the burial-transit permit. Then please remove carbon popers:

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

injury, or other traumatic event, th

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Eline Funeral Home, Hampstead,

236. DATE

6-27-79

21074 Md.

231 NAME OF CEMETERY OR CREMATORY

Hampstead Cemetery

23d LOCATION CITY OR TOWN Hampstead

RESTRAR'S SINAPRE

Md.

Carroll

19 14 54 9 Locality value of federall for mel very fire-rate endenter hand facilities and a land the Land of the Land The state of the s able Morrel erestrael (e-dass) buttonell N-3-5 Teles (west room, 'memory of Et.

requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN, The low etained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detacked for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows ony

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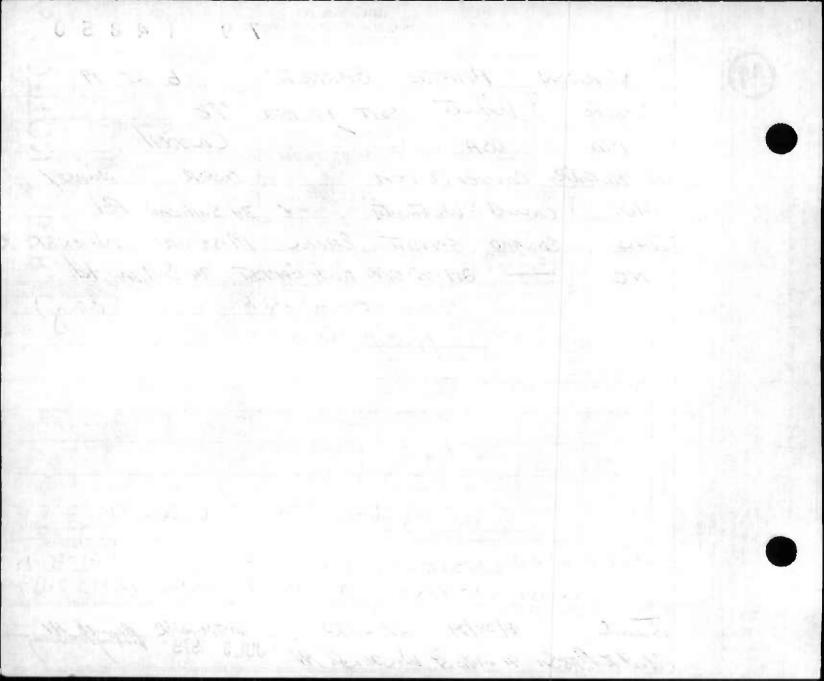
STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			OF HEALTH AND MENTAL I		48	50				
(TYPE	ORPRINT) ERNO	W F	MATUS	GARRETT	2a DATE OF DEATH	6 25	79 0 85 C				
3. SE	Male	1 RACE		ATE OF BIRTH AONTH DAY YEAR FT 13 190	6 AGE (IN YEARS LAST	YRS.	S CAYS HOURS ME				
	OUNTRY)	7b. CITIZEN OF	A	RRIED NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF D		MD,			
W.	ESTMINSTER	Cause	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION 7.	12a USUAL OCCUP (TYPE OF WORK FOR MO		KIND OF BUSINESS ODUSTRY	OR .			
13a S	MD.	COUNTY	GIVE RESIDENCE BEFORE ADMISS	YES NO P	34 54/1	WAN K	31.				
Je	ATHER'S NAME FIRST	EDWAND	GAMMETT	15 MOTHER'S MAIDEN FIRST EMMO	M15300	INI V	VERNER				
	WAS DECEASED EVER IN I YES, NO OR UNKNOWN) (IF	VES, GIVE WAR OR DATES)	319-05-09	1 1	WETT 34	Sullwan)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL				
NO	Conditions, if any, will gove rise to immed couse (a), stating underlying couse	CAUSED BY MEDIATE CAUSE (o) DUE TO, O hich hich he lost	R AS A CONSEQUENCE (is lumar	ERMINAL DISEASE OR C	ONDITION GIVEN IN	deny)	_			
CERTIFICATION	19a DATE OF OPERATION	N 19b. COND	ITION FOR WHICH OPER	ation was performed	20e AUTOPSY? YES NO	IN CERTIFYING CAUSES OF DEATH?					
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY Y		CURRED (ENTER NATURE OF I	INJURY IN ITEM 18, PART 1 O	R PART 2)				
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ET	C.) 211 LOCATION STREET	CITY OR	TOWN CO	OUNTY STATE				
	220.1 certify that (I) (this haspital) attended the deceased from										
	126 SIGNATURE COLVUVA	dredn 1	ragame		MEDICAL SIRECTOR PHY	STAFF	61-4-7	1			
200	CHTRACH BURIAL, CREMATION, REA	EDU NA	CANNA	17 4E Ma		Tminker	MD 2115	7			
# 250. t	DUKIAL CKEMATION REA	VIOVAL IZED DATE	2JC IN AME	OF CEMETERY OR CREMATO	RY 23d LOCATION						

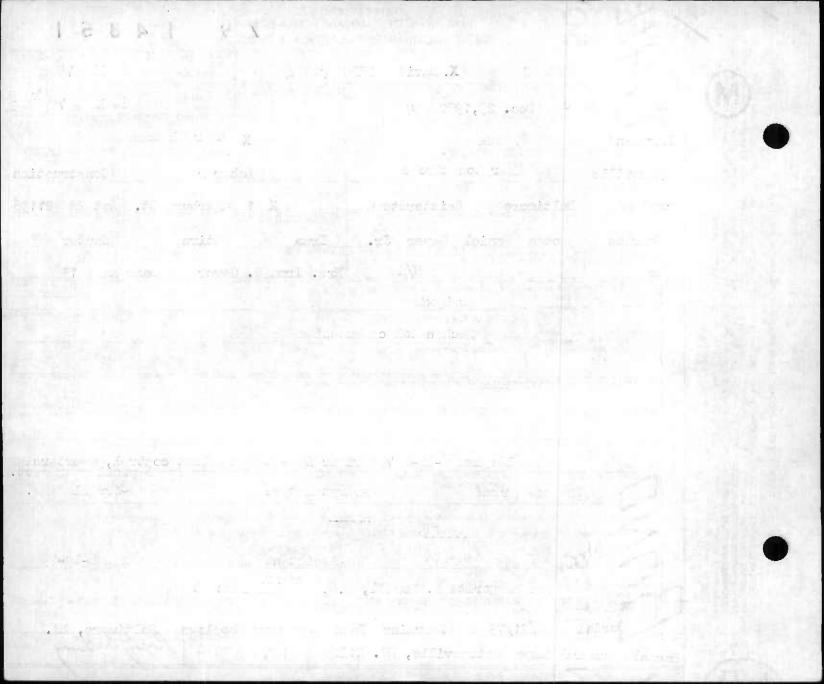
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DHMH - 16 50M 1/76 (VR A 15 (4))

6/28/79 KRIDERS VESTILIA 1250. DAT SECTORY REGISTORIA REGISTRADORESS WESTILIA 12



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S	kesvil	lle	Henry	con Ci	rcle		ER INSTITU	TION	FOR MOST	OF WORKING			OR INDU	
le. ST	ATE	186 COUN	TY	13c CITY	OR TOWN		YES 🗌	NO 🗶	1 Su	ADDRESS garbu	cy Ct.	. A	pt 2A	21136
60. W	harles AS DECEASE	Wood DEVER IN U.S. AR/	MED FORCES?				Im	na		Stirn		į	Sauter	
	lo				N/A		Mrs.	Irma.	S. Ge	yer	Sar	ne a	APPROXI	MATE INTERVAL
7	8/6 Canditia gave ri cause (a lying cau	immediate) stating the under- use lost.	D BY: TE CAUSE (a) (DUE TO, (Asphy: DRASACON Mechal DRASACON	xia ISEOUENCE nical ISEOUENCE	compr OF				•			BETWEEN O	NSET AND DEATH
NOI	7-50								1 a					
TIFICAT					WHICH OPE				C			7	YES [NO 🗆
	UNDERLYING CONTRIBUTI	OR OR	DEATH 10:5	M. MONTH		9 Dri	ver i				cont	rol	, over	ub. ec u .
MED	WHILE AT WORK	NOT WHILE S	STREET, F	actory, farm, e	TC.)			Circ.	Le	TY OR TOWN		gha.		Md.
	22a. I certify that I taak charge af the remains described abave, held an Autopsy Inspection, Inquiry, and in my apinian death resulted fram: Natural causes, Accident													
	ACTUAL SIGNATURE	Magai	to Bre	ydrul	l		Assi	stant			R	DATE	6 -1 9	-79
	(TYPE OR PRI	NT)					ADDRESS_							
(5)	PECIFY)	rial						emeter	CITY OR T	dlawn	Bo	2		STATE
	MEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION	MALE BIRTHPLACE BIRTHPLACE BIRTHPLACE BIRTHPLACE FOREIGN COUNTRY) MATYLAND CITY OR TOWN SYKESVI CHAPLES SUAL RESIDENCE SYLATE MATYLAND FATHER'S NAME FIRST Charles Char	REGISTRAR DECEASED NAME (TYPE OR PRINT) SEX Male Mite Male Mite Maryland LCITY OR TOWN OF DEATH Sykesville SUAL RESIDENCE (IF IN NURSING HOME CONTRY) Maryland RATTES WOO STATE MARYLAND MARYLAND MARYLAND LCITY OR TOWN OF DEATH SYKESVILLE SUAL RESIDENCE (IF IN NURSING HOME CONTRY) MARYLAND MARYL	REGISTRAR DECEASED NAME (TYPE OR PRINT) CHARLES SEX Male White Dec. 29 Th. CITIZEN OF N. Maryland CITY OR TOWN OF DEATH SULA RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR STATE STATE MIDDLE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR STATE SULAND COUNTY Baltimore Charles Wooda FARTES MIDDLE Charles Wooda PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. CONDITIONS 190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS VINDERLYING OR CONTRIBUTING CAUSE OF DEATH 10: 54 210. I CETTIFY that I tack charge of the remains of death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Marga: 6/21/79	DECEASED NAME REGISTRAR DECEASED NAME REGISTRAR DECEASED NAME REGISTRAR CHARLES S. DATE OF BIRTH MONTH DAY TEAR DEC. 29,1951 DEC. 29,1951 TO CITIZEN OF WHAT COUNTY MARYLAND USA CITY OR TOWN OF DEATH SYKESVILLE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF STATE ANDOLE STATE SUBJECT OF WHAT COUNTY REIS CHARLES TO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NUR HENDTYLON CIT. BALTIMORE REIS MIDDLE CHARLES THE PLANE INDOLE REIS MIDDLE CHARLES OF WHAT COUNTY REIS MIDDLE CHARLES OF HOSPITAL, NUR HENDTYLON CIT. REIS MIDDLE REIS CHARLES OF HOSPITAL, NUR HENDTYLON CIT. REIS MIDDLE REIS MIDDLE CHARLES MIDDLE REIS MIDDLE REIS CHARLES OF HOSPITAL, NUR HENDTYLON CIT. 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CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. 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TO HOSPITAL

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral disspool decorded for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 than with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

FOR - STATE

notified at once

medical exam

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MARYLAND

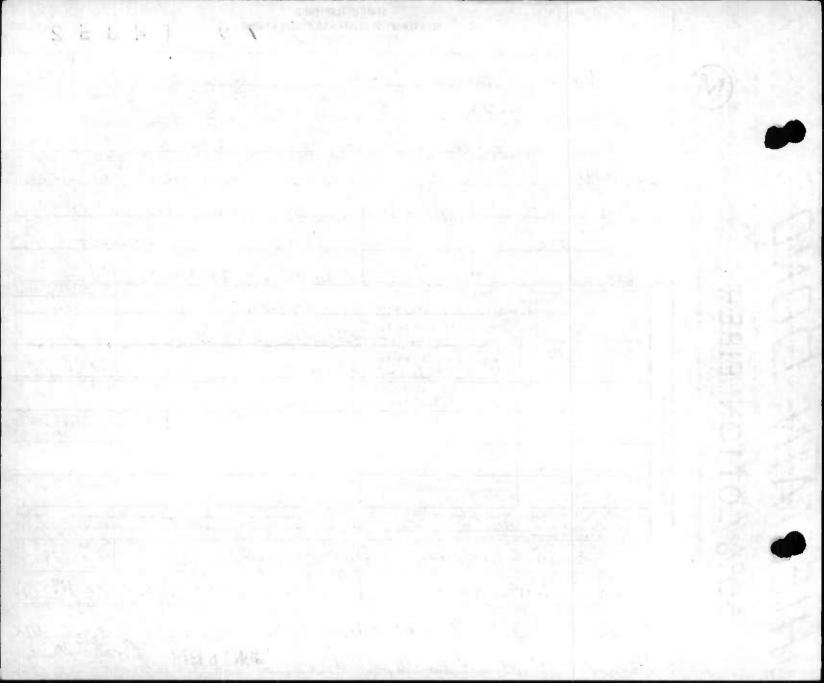
DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

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	REGISTRAR						REG. N	10.		7.10		
	CEASED NAME FIRST	1	WIDDIE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R	
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3. SE		4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS	
	E	1.01.1		MONTH	0 0	YEAR	00		MONTHS DAYS	HOURS	MIN	
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	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY	JK COUN	IT OF DEATH			
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10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER IN	NOITUTITE	12a USUAL OCCUPAT		12h KIND O	F BUSINE	SSOR	
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	11)d, CA1	ROIL	Sykesvil	116	YES -	NO 🔀	7520	100 L	weed No	c1 ·		
14. FA	THER'S NAME FIRST	MIDDLE	LAST		13 MOTHER	S MAIDEN NAM	MIDDLE	10) ALASI	ī		
	Unk					ecela		0	CACTATT			
	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR	ON YTI	17. INFORM	ANT	ADD	ESS				
(1	(IF YES, GIV	E WAR OR DATES)	-7	100	Allen	Gullis	Sukes	Ville.	Md.	_		
	18. CAUSE OF DEATH (Enter or		Landarias the and	4-1-1	74114			-	APPROXI	MATE INTER	VAL	
	PART I. DEATH WAS CAUSE	D BY:	A Pola			1 10	40		Pind	INSET AND	DEATH	
	IMMEDIATE CAUSE (0) 4. Commeny fullistion							Source pe	success.			
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	Conditions, if ony, which (6) generalized asterno seleste Carelinas curs d.							N. (-0)	6088			
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE, OF									0		
	underlying couse last. La Herry Lewis an 20 yes.											
	PART 2. OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
NO	Highetes a Cardial Lai luble											
ATI	19a DATE OF OPERATION	19b. COND	PERATIO	N WAS PERF	ORMED	20b. IF Y	F YES, WERE FINDINGS USED					
IFIC							IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	F IN ILIRY		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)							
	OR CONTRIBUTING CAUSE OF DE	LIOUD A		YEAR		, sour occoun	LD (CIVIEN INVIONE OF ITS	on in them	, , , ANT , ON , ANT 2,			
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER			19								
MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC.J	211 LOCAT		CITY OR TOWN COUNTY STATI					
~	AT WORK AT WORK											
	220 1 certify that (I) (this hosp		e deceased from	7	12	19_57	to 6 · 1	3	1979	that (I) (v	we) last	
	saw the deceased alive an above, (1) (we) (did) (did no	March	offer death 19 /	, an	nd that in (my	r) (our) opinion d	death occurred on the	date and h	our and from the	couses sto	ted	
	22b. SIGNATURE	Cla	oner deom,		DEGREE				22c DATE	SIGNED		
	Your Mandanger MO ATTENDING MEDICAL STAFF 6.								6.15	5.79		
	PHYSICIAN DIRECTOR PHYSICIAN 120 ADDRESS											
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			, -, -,					Syre	Sville	1196	1117	
23e E	BURIAL, CREMATION, REMOVAL	2 3 7000	23c. NA	ME OF C	EMETERY OF	CREMATORY	23d LOCATION		COUNTY	STA	ATE ,	
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24 Ft	INERAL DIRECTOR		A ADDRESS			250 DA)E	REC'D. BY REGISTRAL	256 REGI	SMAR'S SHONA			
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_	1000	MARKET STATE	- January	-		1		-	/		-	

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(VR A 15 (4))



the deoth certificate be executed within 24 hours after

requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5 9.

	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.
	CEASED NAME WIPPLOWN	1 -	9 -	inst inison	2e. DATE OF DEATH	6-6-1979 615 PM
3. SEX	Male	1. RACE Blo			6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	MHAT COUNTRY? B MARRIE WIDOW	D NEVER MARRIED DIVORCED	C. 33.07	P COUNTY OF DEATH MD.
10. CI	TY OR TOWN OF DEATH	SPAINS	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS)	00. Tax	120. USUAL OCCUPATION PROPERTY OF WORK FOR MOST CONSTITUTE	OF WORKING LIFE) INDUSTRY
13e S	AL RESIDENCE (IF-HURSING HOME OF TATE 13b. COU!	ΛĬΛ	GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Baltimote	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 1337 Go2	such Avenue
14. FA	THER'S NAME William	MIDDLE	Parkan	IS. MOTHER'S MAIDEN NA	MIDDLE	LAST
16a W	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 223-20-8640	17. INFORMANT MAR	LA VECOSON ADDE	1337 GORSUCH AUE. APPROXIMATE INTERVAL LETTWEEN ONSET AND DEATH
CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DITTRIBUTING TO DEATH BU ITION FOR WHICH OPERATION	TNOT RELATED TO THE TER	MINAL DISEASE OR CON 200. AUTOPSY? YES NO M	IDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{NO} \)
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did not obove, (1) (we) (d	21e. PLACE IAT HOME, STI	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) e deceased from	21f LOCATION STREET	CITY OR TO	RY IN ITEM 18, PART 1 OR PART 2)
	22b. SIGNATURE _Suha G	in, enti	9,		MEDICAL STA	221. DATE SIGNED 6-6-79
	22d. PHYSICIAN'S NAME (TYPE OF	OZ GU-		Springlied	d Horpital,	Tykesville, Md.
(:	SURIAL, CREMATION, REMOVAL	6-11	-79 Arbu	HUS MEM.	17.	ALTO. COUNTY Md. STATE
24 FU	UNERAL DIRECTOR	10.1	8 CALHOUN	25a. DA	UN & 1979	25b. REGISTRAR'S SIGNATURE

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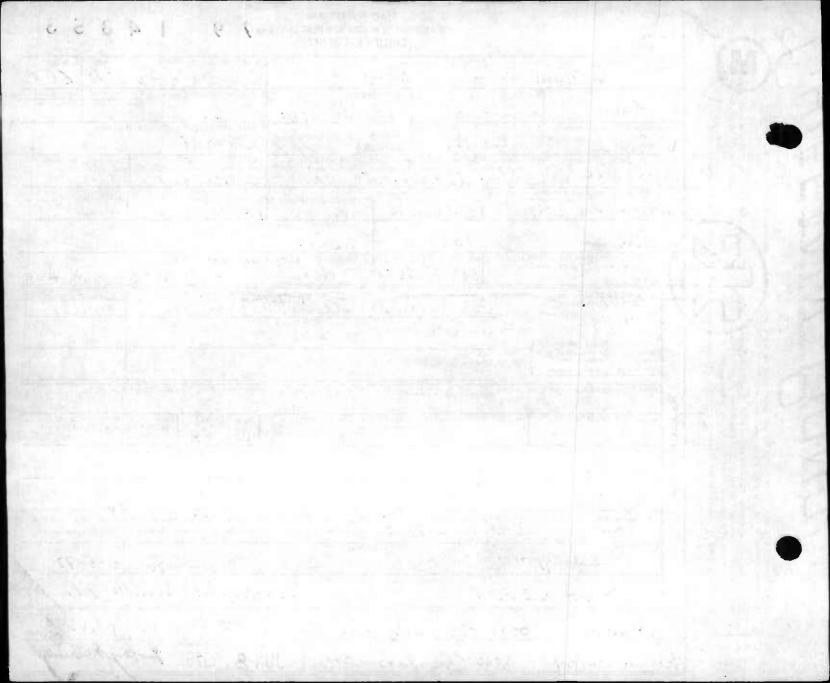
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director. If should be detached for use as the burial-transit permit. Then please remove corbandopers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

must be notified of once.

(VR A 15 (4)) 9/74



executed requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If them 21 is morked at them 18 shaws any injury, at ather traumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 9	14	8 5	5 4
	CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	Y YEAR	26. HOUR
(TYPE	OR PRINT)	iam	A.	1	larris		06-27	_79	SP M
3 SE		4 RACE	22.6	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY} IF	UNDER I YEAR	IF UNDER 24 HRS
	Male	Black		MONTI	02 27 07	72	YRS.	INTHS DAYS	HOURS MIN.
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	Sykesville AL RESIDENCE (IF NURSING HOME		field Hos		L Center	Longshoren	an		
13a. S	TATE 136,CO	ity	Baltimo	N	136. INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS 2306 Arun	ah Ave	nue	
14. F#	THER'S NAME FIRST ISAAC	#IDDI£	Harris		15 MOTHER'S MAIDEN NAME FIRST Mary	WE	1	Tyle	
16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	VAS DECEASED EVER IN U.S. (IF YES, C	GIVE WAR OR DATES)	227-01-4	683	Records, Spr	ingfield Ho	spital	Cente	r
	18 CAUSE OF DEATH (Enter	anly ane cause pe	er line far (a), (b), on	d (c).)				BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAU	SED BY:			eart Failure .	recurrent		2000	years
No.	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_ DUE TO, (OR AS A CONSEQUE	lerot	tic cardiovasc		le	yea	
	PART 2. OTHER SIGNIFICAN	T CONDITIONS (ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1(c	21
CERTIFICATION	Large	bed sore	S : uring	OPERATIO	act infection DN WAS PERFORMED	chronic 200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
E						YES NO	YES	ING CAUSES	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	TT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (1) (this has saw the deceased alive abave. (1) (we) (did) (did	an Oc)-27 19	79	ind that in (my) (our) opinion	,		and fram the	
	27b. SIGNALURE	a	Lucy	mo		MEDICAL STA	CIAN 🚘		8-79
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	BURIAL, CREMATION, REMOV SPECIFY) Burial		23c. (CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Arbutu		YINUO.	STATE
24. F	DUTTAL UNERAL DIRECTOR				250. DAT	E REC'D. BY REGISTRAR			URE
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STATE OF MARYLAND

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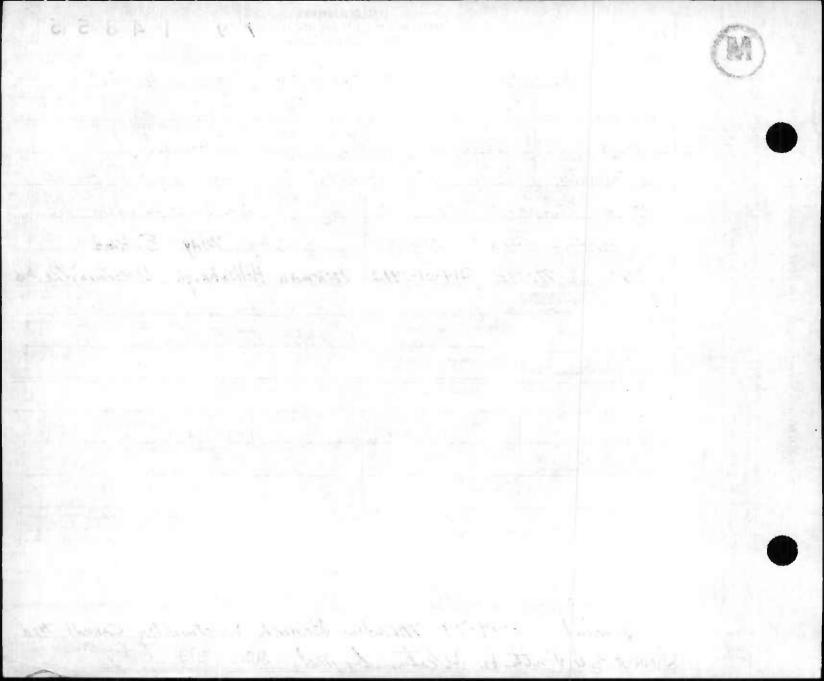
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TMENT OF HEALTH AND MENTAL HYGIENE	Q.		4	8	5	
CERTIFICATE OF DEATH		25.0				

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	AIDDLE	2.6	AST /	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
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3 SE	X	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UP	DER I YEAR	IF UNDER 24 HRS
	Female		Whi	TE	Jul	4 13 1903	75	YRS		
	RTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
	mid		45.	A	WIDOW	D DIVORCED	CARB	0//		MD.
10 CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI		26 KIND O	F BUSINESS OR
11/	es/mms/	ER	CARA	Roll Co.	-	CHERAL	HIUSEU	NICE	Ho	ma
13a S	AL RESIDENCE (IF NURS	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	DMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			0.
	Mod	CAR	Roll	Westmi	nstan	YES NO	2.2 71EU	Wind	son	Vid.
14. FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
_	HAR	RY I	C-RAHI	77741	RS	OEITH	4 MAY	Eck	Mad.	-
	VAS DECÉASED EVER	(IF YES, GIVE V	ED FORCES? (AR OR DATES)	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	y ADDRI	:55	4	4
	110	170	ME	214-01-0	4/2	HORMAN	HOLLEY DAUGH	We	JMIN:	ER, My
	18 CAUSE OF DEATH PART I. DEATH W			line for (o), (b), and	(C	1 . 1	_ 7		BETWEEN	MATE INTERVAL
	1500	IMMEDIATE		dentent	Cinc	ma of CO 100	ne mesa	9 846:1	199	174
	1337		DUE TO, OF	R AS A CONSEQUE	NCE OF	1	1: 1		API	il.
	Conditions, if ony, gove rise to imm		(b)			repaler 1	alline			
	couse (o), statin underlying cause		DUE TO, OF	R AS A CONSEQUE	VCE OF					
			(c)							
Z	PARI 2 OTHER SIGN	MIFICANTCC	NUTTIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART IIO)
CERTIFICATION	IN. DATE OF OPERA	ION _	196 CONDI	TJON FOR WHICH C	PERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
THE	4/25/	49	1	ormin	il o	oa .	YES NO L	IN CERTIFYING	G CAUSES	OF DEATH?
S. S.	21a. ACCÍDENT WAS UND		216. TIME O		VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
	OR CONTRIBUTING		HOUR A./		YEAR					
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	DM ETC.)	211 LOCATION	CITY OR TO	VN C	OUNTY	STATE
\$	AT WORK AT WO	RK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	KM, EICI	1 2	CITORIO		.00411	SIAIE
	22a.l certify that (1)	(this hospito	l) ottended the	deceased from	16-11:	3/64 19	10	. 19_	179	that (I) (we) last
	sow the decease above, (1) (we) (c	d olive on_	view the body	ofter death.	91,0	nd that in (my) (our) opinion o	leath occurred on the d	ote and hour one	d from the o	couses stated
	276 SIGNATURE	<i>></i> -		, ,		DEGREE			22c. DATE	SIGNED
	+ 14	0 (1	O ling!	Lee C	40	ATTENDING PHYSICIAN	MEDICAL STA			
	22d. PHYSICIAN'S NA	AME (TYPE OR P	RINT)	2		22e. ADDRESS		- 1		
	MIUS	5 (1.	HO.		20/6.	mach.	ST		
230 E	BURIAL, CREMATION,	REMOVAL	23b DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	, cóu	NTY	STATE
	BURIA		6-14	79 77	EAG	low WRANCH	histmu	STER C	ARRO	1 md
3	A DECTOR	P	11 0	ADDREGS		250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNAL	reads
77	Hert 34	Vruit	be fr.	Wester	whene	by mel 3	UN Z Z 13/3			-
				The second secon						

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the busial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exait etoined by the hospital ar attending physicion. BP. (VR A 15 (4))

FOR

DHMH - 16 50M 1/76



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physicion.

FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINNE CERTIFICATE OF DEATH

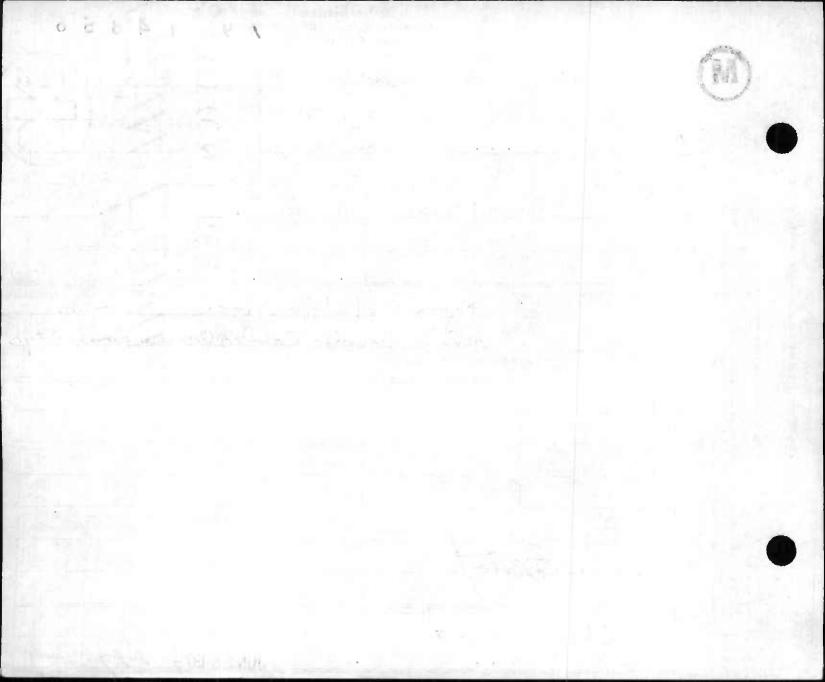
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		REGISTRAR		CERTIF	ICATE OF DEATH	' REG. NO												
		ASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	ONTH DAY	YEAR	2b HOU									
7	(TIPE O	Zola	Mae K	Kesse	trina	,	6 17	79	4:4									
3	SEX		4 RACE	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER									
	1	^E emale	white		uary 19, 1920	59	YRS.	NTHS DAYS	HOURS									
35	COU	MARYLAND	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR Carroll	COUNTYO	FDEATH										
1 Och		or Town OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE COUNTY COUNTY	ET ADDRESS)		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Housewife		126 KIND C INDUSTRY Home	F BUSINE									
5 00 00	3a ST.	ATE 136 COU	or other institution, give residence before NTY 130, CITY OR TO William	WN	13d. INSIDE CITY LIMITS? YES NOXEX	13e STREET ADDRESS Rt. 2 Kemps	Mill	Rd.	340.7									
2/0		HER'S NAME FIRST anles	MIDDLE LAST Andrew Myer	_	15 MOTHER'S MAIDEN NA. FIRST Martha	Esther	an Gr	Steno										
2	6a WA	AS DECEASED EVER IN U.S. A THO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC	URITY NO.	Mr. Richard	A. Kesselrin		1.sam	e as									
lury, or other troumar				Conditions, if any, which gave rise to immediate couse io, stating the underlying cause lost	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON CONDITIONS CONTRIBUTING TO	SCLE UENCE OF		INAL DISEASE OR COND			5							
9	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFY II	NG CAUSES										
//		PIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR		IN ITEM 18, PART	1 OR PART 2)										
0	MEDICA	MEDICA	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICA		21e PLACE OF INJURY						
rked or the		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTA	51									
MPORIANI: II nem 2115 morked of the	1	WHILE NOT WHILE AT WORK 170.1 certify that (I) (this hosp sow the deceased alive o	(AT HOME, STREET, FACTORY, OFFICE	, an	od that in (my) (our) opinion DEGREE ATTENDING		, 19		that (I) (

Osborne Funeral Home P.O. Box 348 Wmspt., MD

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

retained by the haspital or attending physician.

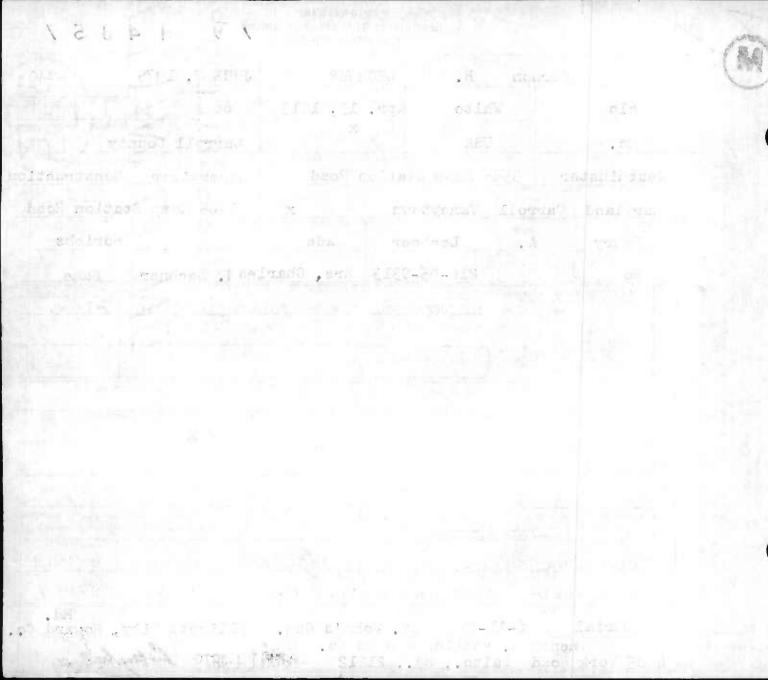
FOR STATE PEGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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	PEG.	NO			-	10	₹,

10	LDE	REGISTRAR	FIRST	MIDDLE	-	AST	REG. NO		DAY YEAR	In
		CEASED NAME ORPRINT)	Vernon	H.		HNER		1979	DAY YEAR	26 HOUR
- 1	2.65			п.			JUNE 7,		IF UNDER I YEAR	IF UNDER 2
	3 SEX	Male	4 RACE	White	A pr	DAY VEAD	66		MONTHS DAYS	HOURS
ono		RTHPLACE (STATE OR FOR DUNTRY) Md.	EIGN 76 CITIZ	EN OF WHAT COUNTRY?		D MEVER MARRIED	9 BALTIMORE CITY O	_		
notified at		TY OR TOWN OF DEAT	/ JE NO	ME OF HOSPITAL, NURSII OT IN SUCH FACILITY, GIVE STREET Kump S	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) Supervis	ON F WORKING LII	12b KIND C	FBUSINES
must be	13a. S		G HOME OR OTHER INS 3b COUNTY Carrol	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO	3565 Ku	ump S	Station	n Ros
exomine		Henry	MIDDLE A	Lechn		Ada	MIDDLE	7.6	Hori	chs
medico		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FOR (IF YES, GIVE WAR OR O.			Mrs. Verne	ADDRE		Sau	me
other troumotic event, t		PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE DUE which ediate	use per line for (a), (b), or (b) Alherose (TO, OR AS A CONSEOU (b) TO, OR AS A CONSEOU	lerotic DENCE OF	Cardiovase	don dise	euse	BETWEEN 3 h	MATE INTERV.
injury, or	NOI	PART 2 OTHER SIGNI	FICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	VEN IN PART 1	a ·
Auo smol	CERTIFICATION	190 DATE OF OPERATION	ON 196	CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES	
ten 18 s	_	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH D P.M.	AY YEAR	21c how injury occurs	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, F	PART 1 OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E [(AT)	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STAT
2 8		snw the deceased	lalive on 6-	ded the deceosed from 19 19	79.00	nd that in (my) (our) aprinion of	deoth occurred on the do	ote and hou	ur and from the	
m 21 is m										
ANT: If them 21 is n		22b. SIGNATURE	redu vae	emms.		ATTENDING	MEDICAL STAF	F IAN []	6-	7-7 E
APORTANT: If them 21 is n		226. SIGNATURE	ME (TYPE OR PRINT)	MAGAN		M. D ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	6-	7-7-
(MPORTANT: If Item 21 is m	23a. E	22d. PHYSICIAN'S NAM	ME DU EMOVAL 236. D	MAGAN ATE 23c.	N A	ATTENDING PHYSICIAN 1	DIRECTOR PHYSIC	in Co	6-	7-76 1157

BP. DHMH - 16 50M 1/76 (VR A 15 (4))



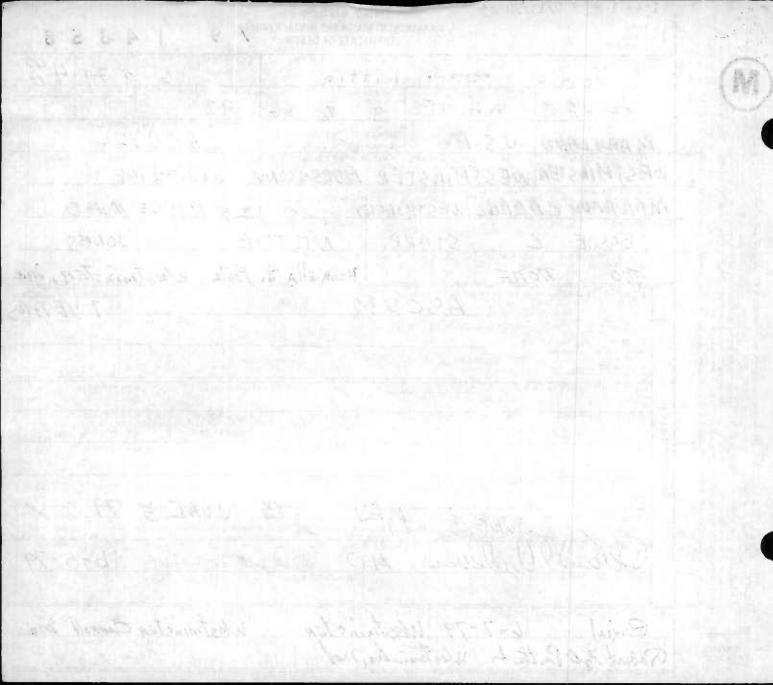
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

		Item 1 g533 7/13/	79 gj	STATE OF MARYLAND		
	1.	FOR STATE		NT OF HEALTH AND MENTAL HYGI	ENE Q	1 9 5 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4050
		CEASED NAME FIRST OR PRINT) JESSIE	MIDDLE S.	L:++10	28. DATE OF DEATH MONTH	5 79 4 A
	3 SE		RACE /		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		FEMALE	WHITE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
37	/a. 81	PH ARY LAWD		MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COL	LOLL MD.
70	10 CI	ESTMINSTER I	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION DEFS. NUNS & CON	120. USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKE	12h KIND OF BUSINESS OR
- Oe -			IER INSTITUTION, GIVE RESIDENCE BEFORE AL	DMISSION)		
	IV	ARYLAND CA	2ROL WESTH	INSTEAS NOW		EROAD.
a coming	14. F#	DESSIE AND	STAR!	P. MOTHER'S MAIDEN NAM	MIDDIE	JONES
1	16a V	WAS DECEASED EVER IN U.S. ARMEL YES, NO OR UNKNOWN) 115 YES, GIVE WA	D FORCES? 166 SOCIAL SECURI R OR DATES)	0. 11 .0	ADDRESS	t : t- 12
9 9 9	-	110	76	Henriella J.	rouiz Wes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: ACA	ND		7 VF DOC
Tic ev		4299 IMMEDIATE C	DUE TO, OR AS A CONSEQUEN	OF OF		1-11-1715
8	1	Canditions, if any, which	(b)	CE OF	. 2	A R LINE WATER
er arc		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	ICF OF		
0		underlying cause last.	(c)			
o , July, o	N	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	I GIVEN IN PART 1(a)
oux -	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
500 9	TE				YES NO	YES NO
9	ICAL CER	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		ED TENTER NATURE OF INJURY IN ITEN	A 18, PART 1 OR PART 2]
± 5	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
z ed	2	AT WORK NOT WHILE AT WORK	TAT TOME, STREET, FACTORY, OFFICE, TAR		1.4.4.67	- 70
e s		22a I certify that (I) (this hospital)		19 / 19	_, 10_0	7, 19 , that (1) (ve) lost
7.5		saw the deceased alive an above, (I) (we) (did) (did not) vi	iew the body 1 dirath		leath occurred an the date and	I hour and fram the causes stated
# # #		WE SHOWATERE	1.211)110	DEGREE ATTENDING .	MEDICAL STAFF	22c. DATE SIGNED
<u> </u>	-	22d. PHYSICIAN'S NAME (TYPE OR PRI	Operer	PHYSICIAN PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	0-3 77
MPORTANI:		220. PHI SICIAN S NAME (TYPE OR PRI	NI	ILLE ADDRESS		
<u> </u>	23a (BURIAL, CREMATION, REMOVAL	23b. DATE 23c NA	ME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN	CARAOII MIC
,	24 F	UNERAL DIRECTOR	1 INC	250. DATE	REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	10	Robert Ble Initt	LA. Westmen	sky, mol JUN	1 4 1970	to hall
	-					



completely filled in by the funeral 1 and 2 should be filed within 72

offending physicion and collove corbon popers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physical should be detached for use as the burial transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENY 9	14859
	(TYPE	CEASED NAME FIRST E OR PRINT) WERNON		LOOKINGBILL		6 - 8 - 79 7 9 M
		MALE	CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR 01 - 08 - 13	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
35	000	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	CARR	POLL COUNTY, MD.
o notified	BR	OCEVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET / 1293 BRUCEVI	ILLE Rd.	170 USUAL OCCUPATION OF WORK FOR MOST OF	
S Summar	13a S	MARXLAND CAR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOWN BRUCEVIA	VN 13d INSIDE CITY LIMITS? VES NO		UCEVILLE Rd.
exomination of the contract of		WILLIAM DI		BILL MOLLY	WIDDLE	ERINDER
e medico			RMED FORCES? 16b SOCIAL SECUI VE WAR OR DATES) 217-16-	3389 DOROTHY LO	ADDRE OKING BILL	0 0 10
other froumoric evi		Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last.		PIRATORY FA ENCE OF ENCE OF		3SIS 2 yrs-
ماميد، د	ATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONF	DITION GIVEN IN PART 1(0)
ows only	5	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b IF YES, WERE FINDINGS USED (N CERTIFYING CAUSES OF DEATH? YES NO
9	ICAL CERTI	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
Srked or	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOW	WN COUNTY STATE
n 21 15 mg		sow the deceased alive on	itol) ottended the deceosed from TUNE 2 19 7		death occurred on the do	ote and hour and from the couses stated
±		22h SIGNATURE	The M		MEDICAL STAF	FF GIAN G -8-79
PORTAN		Wm. R. LIN	othicum, m.	D. TANEY?	TOWN,	MARYLAND21787

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

June 11,1979

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION

STATE

Legore Frederick 24 FUNERAL DIRECTOR
Skiles Funeral Home, 136 E. Balto.Taneytown, Md.

9 9 1 4 8 5 9 First Comment Lore, 220 . Date, anapteen, 1. Public Relations Spirit

- STATE

filled bould b

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certificate

DIRECTOR: hospitol

FUNERAL

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use as the burial-transi Item 18

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MPORTANT. should be with the

0 ā. per

CERTIFICATION

FOR

STATE OF MARYLAND CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR

Sheet Metal

LAST

Hampshire

INDUSTRY

DEPARTMENT OF HEALTH AND MENTAL HYGIEN REG. NO 20. DATE OF DEATH MONTH 2h HOUR Martin June 1979

REGISTRAR MIDDLE L DECEASED NAME (TYPE OR PRINT) Caleb E. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 3. SEX DAYS White 1887 Male 21 YRS BALTIMORE CITY OR COUNTY OF DEATH In. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARRIED A NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

I CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hampstead 4004 Gill Ave.

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN

Md. Carroll Hamostead 15. MOTHER'S MAIDEN NAME

14. FATHER'S NAME MIDDLE LAST George W Martin

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST no

Mary 17 INFORMAN

YES [

NO W

FIRST

Mr. Elwood Martin, Hampstead, Md.

Carroll Co.

20. USUAL OCCUPATION

Building

13e. STREET ADDRESS

4004 Gill

ITYPE OF WORK FOR MOST OF WORKING LIFET

MIDDLE

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF teriosclerotic cardiovascular disess Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTO	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
	and the second		YES 🗌	NO	YES 🗌	NO 🗌	
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NA	ATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

23b. DATE

STREET		CITY OR TOWN	COUNTY	STATE
	r: 13	+1.1 7 P	- 80	

DIRECTOR PHYSICIAN

STAFF

220.1 certify that (1) (this hospital)_attended the deceased from _ sow the deceased alive on. _, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death 22b. SJGNATURE / DEGREE 22c. DATE SIGNED

Cemetery

9-0.		1 4010	
2d. PHYSICIAN'S NAM	E (TYPE OR PRINT)		22e ADDRES

Hammstead Deorracias

"aryland 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY

Hampstead

MEDICAL

COUNTY Balto

STATE Md.

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) 6-18-79 Burial

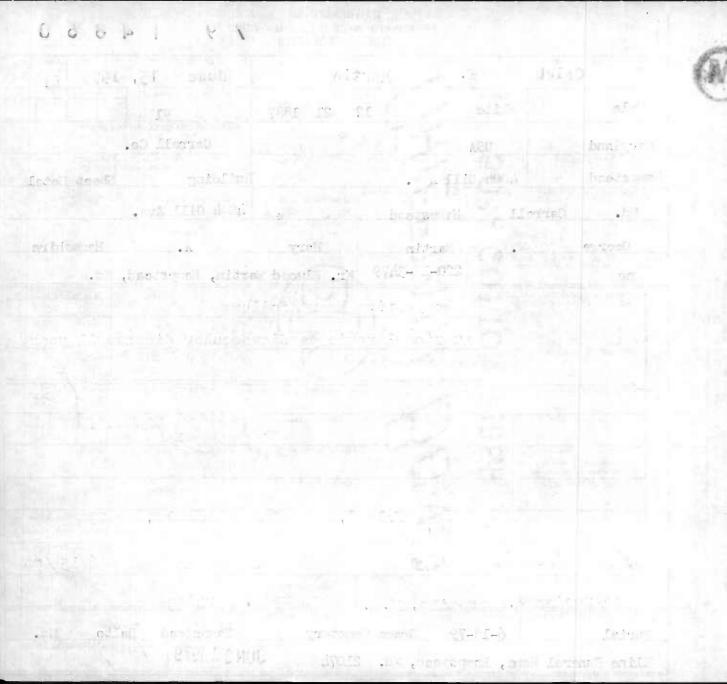
Eline Funeral Home, Hampstead, Md. 21074

Grace

250. DATE REC'D. BY REGISTRAR 256. RESTSTRARS, SIGNATURE AND THE STATE OF THE PROPERTY OF THE

BP. DHMH - 16 25M

(VR A 15 (4) 1 9/74



within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The IO retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH-AND MENTAL HYGIENE ()

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1.	REGISTRAR			011	CERTIF	ICATE OF DEATH		REG. NO	7	0 0	1
	CEASED NAME	FIRST		MIDDLE		AST	20 DA	TE OF DEATH MO	ONTH D	AY YEAR	26 HOUR O
ture	ORPRINT	Mabel	. A.	C.	Necker			(0 1	5 79	80 M
3 SE	Х		4 RACE		5. DATE C			(IN YEARS LAST BIRTHO		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White		MONTH	15 189		83	YRS.	ONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF		TRY? 8		9 RAI	TIMORE CITY OR		OF DEATH	
	OUNTRY)		II S	Δ	WIDOWE	D NEVER MARRIED		Carrol	1		MD.
10.C	ITY OR TOWN OF D	EATH			URSING HOME C	OR OTHER INSTITUTION	1 120 US	SUAL OCCUPATION	1		OF BUSINESS OR
F	inksburg		"3964	1 Gamb	er Road			of work for most of w	ORKING LIFE	INDUSTRY	
USU	AL RESIDENCE (IFN									Land	
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	ATHER'S NAME	Toall				15 MOTHER'S MAIDE			Rue		
	Hora		MIDDLE S	Shiple		Geor	eria T	2 MIDDLE		LAS	iT.
	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	gra	ADDRESS	>		
N	YES, NO OR UNKNOWN)	Non	E WAR OR DATES)	918-3	12-2508	Georgia H	off 16	56 F Ma:	11 or	Inatmi	natan
	18 CAUSE OF DE			r line for in i	b) and (c)	Georgia II	OII I	JO B. Ma.	LIL II		MATE INTERVAL ONSET AND DEATH
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	gave rise to i	immediate) b)_			01	100				
	underlying cou		DUE TO, C	R AS A CONS	SEOUENCE OF						
	PART 2 OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING	3 TO DEATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE OR CONDI	TION GIVE	N IN PART 1/	0)
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CERTIFICATION							YES		N CERTIFY YES	ING CAUSES	OF DEATH?
CER	210 ACCIDENT WAS	UNDERLYING [21b. TIME C			21c. HOW INJURY OC	CURRED (EN	TER NATURE OF INJURY	N ITEM 1B, PA	RT 1 OR PART 2)	
	OR CONTRIBUTING		AIH	.M. MONTH .M.	DAY YEAR						
MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION					
×	WHILE NOT	WHILE WORK	(AT HOME, ST	REET, FACTORY, O	PFFICE, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
	220.1 certify that	(I) (this hasp	itol) attended t	ne deceased f	rom	3 19	79 to		6	979	that (I) (we) lost
	saw the dece		ot view the body		. 19 <u>. 79.</u> . or	nd that in (my) (our) ap	inian deoth a	ccurred an the date	ond hour	and fram the	causes stated
	22b. SIGNATURE	(dio) (dia ne	of view file apply	orier deom.		DEGREE				22c DATE	SIGNED
	1/200	1	Here	41.	0 n	1. ATTENDIN		CTOR PHYSICIA	NΠ	6/1	5/79
١,	22d. PHYSICIAN'S	NAMELINE	(PRINT)	co	1	22e ADDRESS	AIT DIKE	elok 🗀 Militaleia		10/1	
	1	0			V						
23a I	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		23t. NAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION			

BP.

DHMH - 16 50M 1/76

Burial
24 FUNERAL DIRECTOR (VR A 15 (4))

FOR

6-18-79

Finksburg 250 DATE REC'D. BY REGISTRAR 28 REGI JUN 2 2 1979

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3	TENDII	or use of Healt	21 is mo
	OR AT	DiRECT Sched f	f Hem 2
	PITAL by th	VERAL be deto	ANT
	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Plass retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral allies should be detached for use as the busial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 trains with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be fastified at once

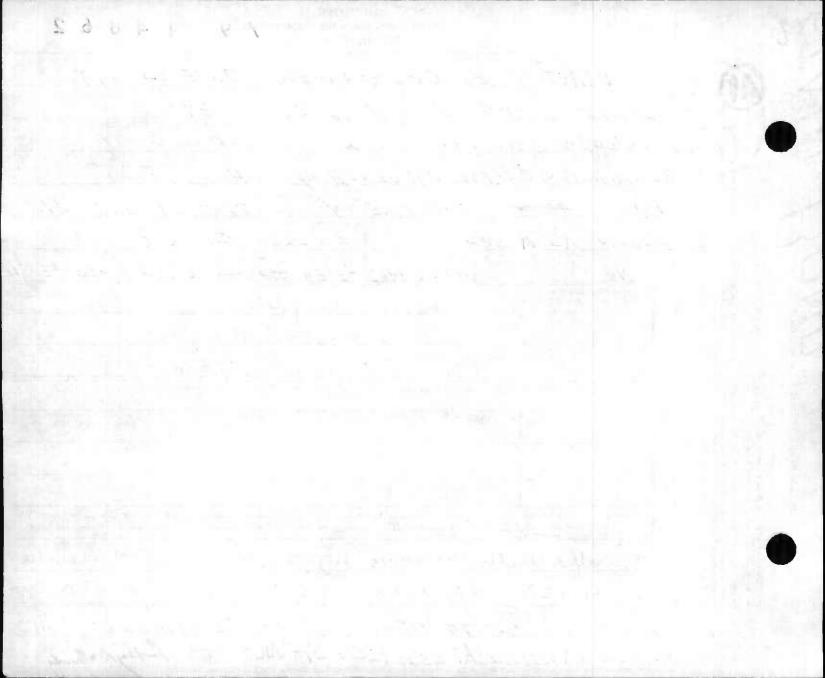
DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH-AND MENTAL HYGINE

	1-	STATE REGISTRAR		CERTI	FICATE OF DEA	ATH	REG	. NO	0 0	-	
		EASED NAME FIRST	MIDGLE		LAST	2	a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(.,,,	DOROTH	YY E.	OBER	LANDE	FR	JUNE	24	1979		м
	3 SEX		4 RACE		OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	F	EMALE	WHITE	= MON	TH DAY	19	69	YRS	MONTHS DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	ST NEVED AND	9	BALTIMORE CITY		Y OF DEATH		_
1	m	PERYLAND	11.5.A	/ WIDOW	ED NEVER MAR	RCED	CARROL	L C00.	NTY	M	ND.
-	10 CT	TY OR TOWN OF DEATH		AL, NURSING HOME		JTION I	20 USUAL OCCUP			OF BUSINESS O	
0	WE	STMINISTER	CARROLL	GT CAE	N. Hos	D.	TYPE OF WORK FOR MOS	m & b	FE PINDUSTRY		
1	USU A	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESI	IDENCE BEFORE ADMISSION	133 INSIDERITY	LIANITED II	Je STREET ADDRES	c	7.		
5	1	ND.	MALL BU	ATIMORE		O Pa	2613	E457	ERN	AVE	
	14 FA	THER'S NAME			15 MOTHER'S M	AIDEN NAME					_
2	H	ARRY REI	MISCH	LAST	E 572	ELLE	GI61	1115	LAS	57	
5		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	. 73	/mms ADI	DRESS	0.	- 16-	1
1		NO	219	22 4463	3 HELEN	10/1	45013 6	224	NADE	ECKE 1	1/2
		18 CAUSE OF DEATH Enter or	ly one cause per line for	(a), (b), and (c),	1	.1-			APPROX BETWEEN	ONSET AND DEATH	
	- 4	PART I. DEATH WAS CAUSE	TE CAUSE (a)	ardias	an	ylol	9		sew	eral mis	Melle
	E.3	410-		CONSEQUENCE OF		0					
		Conditions, if any, which	(b) ×	Cute	Myoc	ardio	al with	auctio	M		
		gove rise to immediate couse (0), stating the	DUE TO OR AS A	CONSEQUENCE OF			Q				
		underlying cause last	(All	OLA) SCO OLA	Ric Hec	W d	li seas	-			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	JTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	ONDITION GI	VEN IN PART 1	a	=
	NO										
2	CAT	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORM	NED	20a AUTOPSY?		S, WERE FINDI		_
7	CERTIFICATION						YES TI NOT		FYING CAUSES ES 🗀	NO -	
7	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW INJUI	RY OCCURRED	D (ENTER NATURE OF IT	NJURY IN ITEM 18, I	PART 1 OR PART 2)		-
1	AL	OR CONTRIBUTING CAUSE OF DE		ONTH DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY	211 LOCATION						_
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OEFICE, FARM, ETC.)	STREET		CITY OR	IOMN	COUNTY	STATE	
		22a. certify that (I) (this hasp	tol) ottended the decea	sed from G	-21-	10 79	to G-	24-	1079	that (I) (we) lo	st
		sow the deceased olive on	6-24	- 1979	and that in (my) (ou	ır) opinion de	ath occurred on the	date and hou			
		abave, (1) (we) (did) (did no 27b. SIGNATURE	1) view the body olter de	oth.	DEGREE				224. DATE		
		tolinhad	Lodis AM	e paum	ATTE	ENDING -	MEDICAL S	TAFF		24-79	
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1	22e ADDRESS	ISICIAN W	DIRECTOR PHY	SICIAN		- (.	_
		CHITRACHE	DU NA	CHNNA	TIKE	= Mc	Dein 81 1	nprou	nington	MDZII	57
		URIAT, CREMATION, REMOVAL	238_DAJE /	23c. NAME OF	CEMETERY OR CRE	MAIØRY	23d. LOCATION				=
	(5	BURIAL	6/27/79	mT. (4ROIEL	CEM.	SALT	1100	COUNTY	in-	>
	24 50	INERAL DIRECTOR	1.	ADDRESS	1500 C	250 DAJE R	REC'D. BY REGISTRA	AR 256. RF 157	TRAR'S SIGNAT	URE	_
	NA	YMOND A. NAC	EBROWSKI	252511	ELI ST	JUL	J 1979	prop	my/Hab	resoly	



After this certificate has been signed by the ottending physician and completely filled in by the f on the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with

injury, or other troumotic event, th

and Mental Hygiene prior to burial, cremation, or

STATE OF MARYLAND

	T - STATE REGISTRAR		DEPARTMENT OF HI	EALTH AND MENTAL HYC	REG. NO.	4863
١	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	U	AST	20. DATE OF DEATH MON	100
ı	Roger	E.	Phel	ous	-	-5-79 7 PM
	3 SEX MALE	1. RACE WHI'	7 5. DATE O MONTH	F BIRTH DAY YEAR 11- 98	6 AGE (IN YEARS LAST BIRTHDAY	YRS DAYS HOURS MIN.
1	78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U.S.A	MARRIE	NEVER MARRIED	P BALTIMORE CITY OR CO	DUNTY OF DEATH MD.
	Sykesville, Md.	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT Springfi	AL, NURSING HOME O ty, give street addressi eld Hospita	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Shipping cle	
7	USUAL RESIDENCE (# NURSING HOME OR 136 STATE 136 COUN Maryland Fr	other institution, give re ty ederick 13c C ederick F	SIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?		et Street
1	14. FATHER'S NAME FIRST	AIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST	AME	t (AST
	Elmer	М.	Phebus	Margar		Kline
	160 WAS DECEASED EVER IN U.S. AR	WED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	No	2	20-54-6913	Records, S	pringfield Ho:	Spital Center APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) B1	CONSEQUENCE OF BASILAR CONSEQUENCE OF LLOUS	PNEUMONIA EMPHIBOL	D .	10 days
	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRI	BUTING TO DEATH BUT	1 100000	USCLEROS	15
)	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		IB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
)	OR COLUMNIC CALLES OF DE	THOUSE A MA A		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
	OR CONTINUOUS CAUSE OF DEA	21e. PLACE OF IN. LAT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22e I certify that (I) (this haspi saw the deceased alive on above, (I) (we'l diet) faid no	NINE'S	1978 . 01		n death occurred on the date	ond hour and from the couses stated
	Liby //s	ende		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED WE 5, 79
	TO DA AL	& FSE	NOA 4D	Drue of	eld list. (enter Sofferille

238. BURIAL, CREMATION, REMOVAL Cremation BP.

DHMH - 16 25M (VR A 15 (4)) 9/74

should be detached for use or with the State Dept. of Health TO FUNERAL DIRECTOR

MPORTANT, IF IN

236. DATE

June 7, 1979 Lincoln Crematory Brentwood Prince Georges

106 East Church St. Frederick, Maryland 21701

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	0 0	
I DECEASED NAME (TYPE OR PRINT)	J ohn		MIDDLE Lliam		enner	20 DATE OF DEATH Ju	MONTH C	1979	26 HOUR 5:05 PM
3 SEX Male		4 RACE White		5. DATE C		6 AGE (IN YEARS LAST 8		IF UNDER I YEAR	IF UNDER 24 HRS
70 BIRTHPLACE (STATE O. COUNTRY)	r foreign	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Carroll	OR COUNTY	OF DEATH	MD
Westminis			HOSPITAL, NURSIN H FACILITY, GIVE STREET L CO. GET		P.	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Carpente		Const	ruct.
USUAL RESIDENCE (IFNI 13a. STATE Md.	URSING HOME OF 13b, COUN Carr	NTY	GIVE RESIDENCE BEFORE Detour		13d INSIDE CITY LIMITS?	13e S12880 My	erly La	а.	
14 FATHER'S NAME John	Ar	thur	Renne	r	15. MOTHER'S MAIDEN NA		abeth	Мо	ser
(YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	218-40-2		Mrs. Betty		Detour	, Md.	
	ny, which mmediate iting the use lost	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	PL :	nysear nany art	dial in	of arch	EN IN PART III	low
190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?
OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 21d. INJURY OCCU	CAUSE OF DEA	HOUR A.	FINJURY M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19	216. HOW INJURY OCCUR 216. LOCATION STREET	RED (ENTER NATURE OF IN.		COUNTY	STATE
22a. I certify that sow the dece	(1) (this hospi osed olive on) (did) (did no	t view the body	e deceosed from_ 19_ ofter deoth	, or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		date and hour		
ED L	RAI	123b DATE	BARZA 1231 N	1 G H	HEW M	1 N OSOK	> m	d. 2	1776
(SPECIFY) Buria	,				ope Cem.	Woodsbo	o Fr	ed"	Md .

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DHMH - 16 50M 1/76 (VR A 15 (4)) G. Döuglas Stauffer, Rt. 10, Frederick, Md. 21701

JUN 1 8 1979

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STATE OF MARYLAND

DEPARTMENT OF HEALTH, AND MENTAL HYGIENE

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	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	1 7	REG, NO.	4 8	6	5
	I. DECEASED NAME TYPE OR PRINT)	DAVID	C.		RYD	DER	20 DATE OF DE	ATH MONTH	5	YEAR 1979	26 HO
	3 SEX Male	- 1	White		5. DATE C		6 AGE IN YEARS	27 YE	MONTH	DER I YEAR	IF UNDE
35	7a. BIRTHPLACE (STATE COUNTRY) Maryland		CITIZEN OF WI		WIDOWE		0-00	city or cour roll Co		EATH	
60	Westminste	er	Carroll	Co. Ge	n'l Ho	Spital	TYPE OF WORK FOR		G LIFE) 121	b. KIND OF DUSTRY	BUSIN
35	USUAL RESIDENCE (# P 130 STATE Md.	13b COUNTY Carro	Y 11;	VE RESIDENCE BEF	NWN	134 INSIDE CITY LIMITS?	13. STREET ADD	ress rk Stre	eet		
Old Caronina	Robert	L.	DDLE	Ryde	r	15. MOTHER'S MAIDEN NA FIRST	e	IDDLE	1	Cole	
medico.	160 WAS DECEASED EV (YES, NO OR UNKNOWN)		(AR OR DATES)	217-58-		Mr. Robert I		Manche	ster	_Md.	
injury, ar affier	PART 2 OTHERS	ating the iuse last	DUE TO, OR ON DITIONS CON	Bia	beli	Como NOT RELATED TO THE TERM NST POSITION	,	r condition	GIVEN IN	I PART 1(a	
9	NO 190 DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				YES NO			CAUSES (
9 mar 18 s	OD CONTRACTOR	CAUSE OF DEATH	21b. TIME OF I HOUR A.M. P.M.		DAY YEAR	21c. HOW INJURY OCCUP	RRED JENTER NATURE	OF INJURY IN ITEM	18, PART 1 O	R PART 2)	
rked or r	IF EITHER, NOTIFY MI 21d INJURY OCC WHILE NO AT WORK AT A	URRED OT WHILE TOORK	21e PLACE OF (AT HOME, STREET	INJURY T, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	Cit	YORTOWN	co	YINUC	5
21 is mo	27a L certify that (I) (this haspital) attended the deceased fram										
<u> </u>	224 BHOW FIANUS	mue	CUSIO		/						-
₩ J	22d. BITS CJAN'S	brach	RINTI CHU A	Jaga	ning	22e ADDRESS 7 4 E M	1 CUM &		reym	nelu	Re

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DHAH - 16 50M 1/76 (VR A 15 (4))

Eline Funeral Home, Hampstead, Md.

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à cremotion. ather traum 14 FATHER'S NAME

AT WORK

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

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STATE

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	8 6	6
T DECEASED NAME FIRST (TYPE OR PRINT) A NAME	MATU	SANdruck	20 DATE OF DEATH MONTH	DAY YEAR 7-1979	26 HOUR / 15 AM
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN TARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
female	White	Dec 2 1900	78 YRS	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH	

126 KIND OF BUSINESS OR INDUSTRY

15 MOTHER'S MAIDEN NAME

WIDOWED

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if ony, which gove rise to immediate stoting

underlying couse last	DOE TO, OR AS A CONSECUENT	CE OF MACO	arrial	Jehnelatos
		11	ages .	DISEASE OR CONDITION GIVEN IN PART 110
Prabetes	mellitus >	10	comega	May .

190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

CERTIFICATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER)

211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE

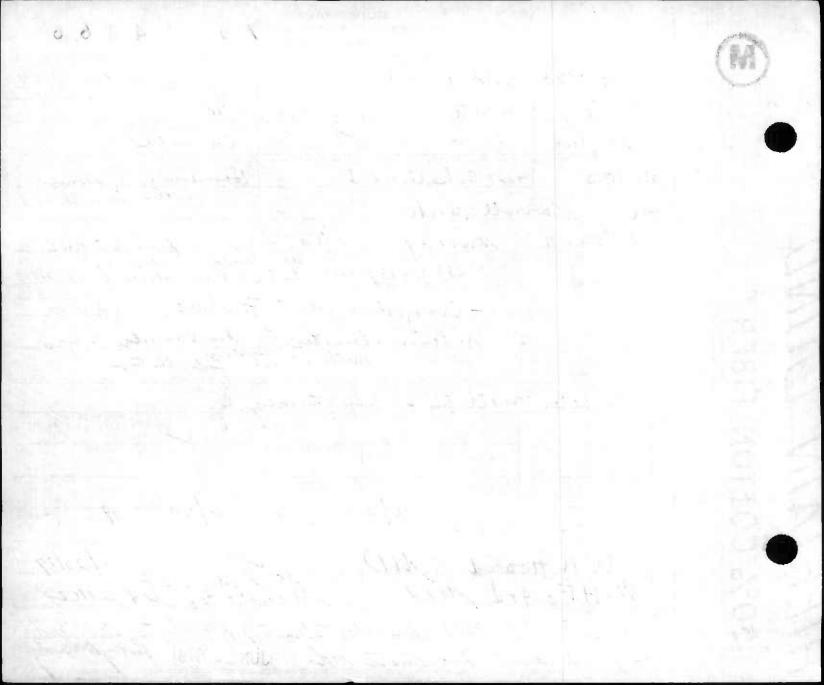
Ithis haspital) attended the deceased from 220.1 certify tho (aur) opinian deoth accurred on the date and haur and fram the causes stated

DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23s BURIAL CD. BY REGISTRAR ISB. REGISTRA

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

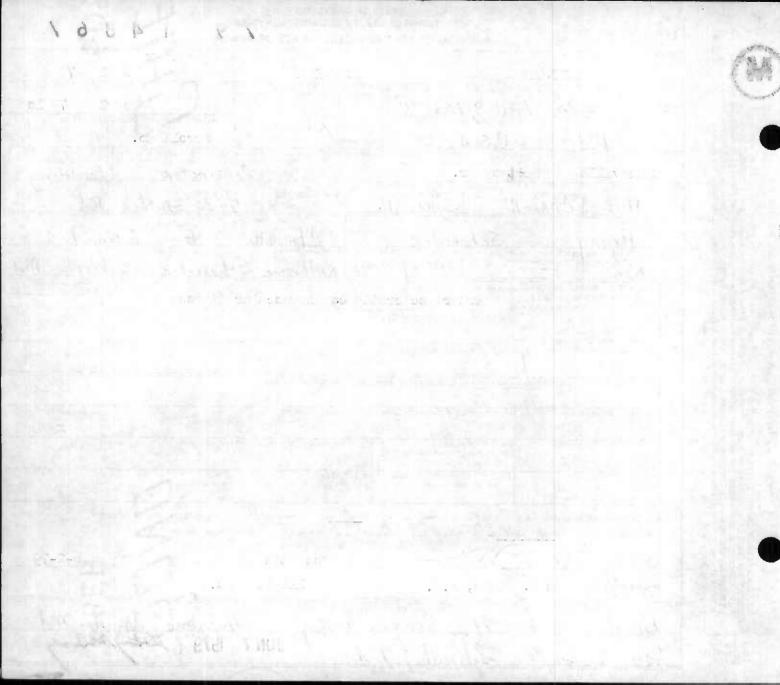


BP. **DHMH-17** 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4 15	1	-
REG. NO.	4 8	6	7
REG. NO.	1 2	27	

		OR		DEPARTMENT OF H	IEALTH AND MENTAL	LHYGIENE	A Q	67	
		STATE REGISTRAR		MEDICAL EXAMINI	ER'S CERTIFICATE	OF DEATH REG	, NO.		
		CEASED NAME	FIRST	MIDDLE	LAST	2a DATE KNOWN OF ESTI-	HINOW T	DAY YEAR	26 HOUR
	(1116	ORFRITTI	WILLIAM		SCHNEIDER	DEATH MATED	0 6 2	2 1979	M
	3. SEX			ONTH DAY YEAR LAST BIRTHDAY		DER 24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOUR
	ma.	le	white A	Poril 9, 1908 7/ YR		PRONOUNCED DEAD	6 2	2 19 79	la M
20	7a. BIF	RTHPLACE (ST	ATE OR 7b. (DITIZEN OF WHAT COUNTRY?	MARRIED NEVERMA	RRIED 9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
0	, , ,		Md.	U.S.A.		RCED Carroll			MD.
11/	10 CIT	Y OR TOWN	OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)		2b. KIND OF BU OR INDUSTR	SINESS
10		Sykesv:		erway Dr.		Contractor		Buildi	ng_
57	USUA 13a. ST		(IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d INSIDE CITY LIMITS	13e STREET ADDRESS A)
5		Md	· CARRO	11 Sykesville	YES NO	₩ 7430 GA	rither	Rd.	
1	14. FA	THER'S NAME	MIC	DDLE , LAST	15. MOTHER'S MA	IDEN NAME	1-	LAST	
100		He	DRY	Schneider	Char	lotte E.	EMI	mel	
1		AS DECEASE	D EVER IN U.S. ARMED	OR DATES)	11 11 11	ADDI	RESS	1	A4 1
/		No		d15 01 3.	591 KAHLERI	ne Ochneider	24/	Resville,	Md.
			F DEATH (Enter only on ATH WAS CAUSED BY:	e couse per line for (o), (b), and (c).)	1.	scular disease	100	BETWEEN ONSET	T AND DEATH
		1/00							
		gave ri	ns, if any, which se to immediate	(b)					
		lying cou	stating the <u>under</u> -	DUE TO, OR AS A CONSEQUENCE O)F			145	
		0.000 0 000000 00		(c)					
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a.							
_	CERTIFICATION	19g DATE OF	OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?			?	
1	FIC.	176. 57116 51		The containing of the state of the	20. AUTOPSY3	NO TÌ			
-	ERT	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF INJURY	21c, HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		NO LJ
3		UNDERLYING	OR	HOUR A.M. MONTH DAY YEAR					
-	MEDICAL	21d INJURY	NG CAUSE OF DEAT	TH P.M. 19 21e. PLACE OF INJURY (AT HOME,	21f. LOCATION				
	ME	WHILE	NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN	MTY	STATE
		1 1 1			V				
				the remains described above, held on	Autopsy X, Inspec		ond in my opir	nion	
		, death result	ed from: Natural co	ouses . Accident . Suit	cide	Undetermined monner			
		ACTUAL	871.0	100	TITLE (SPECIFY	ant MEDICAL EXAMINER	DATE	6-2-	79
1	-	SIGNATURE,	1111				SIGNED)	1/
0		EXAMINER'S (TYPE OR PRI	NAME Ann M.	Dixon, M.D.	ADDRESS	Penn St.			
-	23a, 8l		TION, REMOVAL 23b. D	DATE 23c NAME OF CEN	AETERY OR CREMATORY	23d LOCATION	A		
	(§	Binial	6.	-5-79 EINIAMI	1. 1	Find La hills	AMAN	11. m	A.
	24. FL	JNERAL DIREC	TOR		25a. DA	TE RECID. BY REGISTRAR 174	PERSIDAREST	NATURE	
	1 7	Linn	11) Ilaintt	ADDRESS)	nd 1	014 (1919)	7		



TO HOSPITAL OR ATTENDING PHYSICIAN: The

(VR A 15 (4))

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ed within 24 hours ofter death. Page 4 mm	mpierely filled in by the funeral director, prond 2 should be filed within 72 hours off	examiner must be natified of ance.
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Pages

injury, or other troumatic event, th

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIFAE CEDTIFICATE OF DEATH

		REGISTRAR			CLICIT	ICAIL OF DE	LATI		REG. NO.		
	1 DEC	CEASED NAME FIRS	. 4	ME	Sch	reci	Ł	2a DATE OF DE	June June	75'79	26 HOUR 0920 M
	3. SEX	Femile	4 RACE in la	7	S. DATE C		YEAR 98	6 AGE (IN YEARS	LAST BIRTHDAY)	HUNDER LYEAR	IF UNDER 24 HRS HOURS MIN
2	2	RTHPLACE ISTATE OR FOREIGN PUNTRY) ARYLAND	Thes	VHAT COUNTR	MARRIE		ARRIED	BASTIMORE		ITY OF DEATH	MD
2	Re	eisterstown	2546 H	ollings	sworth	Rd.	TUTION		CUPATION R MOST OF WORKING REWIFE		OF BUSINESS OR
5	13a S	Md. C	ome or other institution county arroll	13c CITY OR TO	FORE ADMISSION) DWN Prstown		NO 🗌		RHollin	gsworth	Rd.
2	II FA	William H.	Constanti	ne LAST		15 MOTHER'S	MAIDEN NA/	, N	F.	Adams	ī
1	16a \\ (Y	VAS DECEASED EVER IN U. (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	213-74		Mr. Ri		F. Schre	ck West	minster,	Md.
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause loss	DUE TO. DUE TO	HIL	Hers THEOF	<i>د</i> ــــــــــــــــــــــــــــــــــــ					WATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	PART THE SIGNIFICATION	yec Ve	ach	- 1	NOT RELATED	engu	20 AUTOPS	130	GIVEN IN PART YES, WERE FINDIN TIFYING CAUSES YES	NGS USED
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ([IF EITHER. NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this	OF DEATH MINER) P.A 21e. PLACE C (AT HOME, STRE	A. MONTH A. DE INJURY EET, FACTORY, OFFIC	19 CE, FARM, ETC.)	21f. LOCATION STREET		CIT	OF INJURY IN ITEM I	COUNTY	STATE that (I) (we) last
		22a-I certify that (I) (this		deceosed from	n 6/6	-	1978	, to.		6/25	6/25 1979

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, MPORTANT: If Hem 21 is marked or Item 18 shaws ony etained by the hospital PHYSICIAN'S NAME (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL

23b. DATE

June 28,79

(we) (did) (did not) view the body after death

23c NAME OF CEMETERY OR CREMATORY
All Saints Cemetery

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

23d LOCATION COUNTY Reisterstown, Md.

MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

Elime Funeral Home

the deceased alive on

Reisterstown, Md. 21136

REGISTRAR 256. PEGISTRAR'S SGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	9	e e e
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, as should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.
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MPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A

- STATE REGISTRAR			OLI AII	CERTI	FICATE OF DEATH	REG	NO.	0 0	
I. DECEASED NAME	FIRST		MIDDLE		LAST	20 DAL O DEATH	MONTH DA	AY YEAR	2b HOUR
E1:	izabeth	ıI	Levina	Sh	ipley	Jun	-17	1979	0600
3 SEX		RACE		5. DATE	OF BIRTH	6 AGE MEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
Female		Whit	e	May	7, 1894	85	YRS	ONIAS DATS	HOOKS MIN
70 BIRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	/? 8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland		U.S.A		WIDOW	ED DIVORCED X		Carrol	ll	ME
10 CITY OR TOWN OF DE		I IF NOT IN SU	ICH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA TTYPE OF WORK FOR MOST	OF WORKING LIFE		OF BUSINESS OR
Westminste: USUAL RESIDENCE (IF NO			1 County			Retire	d		
ta State Maryland	13b COUNT	Y	Finksbu	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2354 San	dvmount	Road	
14 FATHER'S NAME					15 MOTHER'S MAIDEN N	AME	. 1		
William	_	IDDLE	Spencer		Nora.	Jan	e	Arr	nold
160 WAS DECEASED EVE	R IN U.S. ARM			CURITY NO.	17 INFORMANT	ADD		224 1	1024
No	(IF TES, GIVE	WAR OR DATES	21309	5380	Mrs Mary E.	Brown Sam	e as #	13	
190. DATE OF OPER.	IMMEDIATE I.y. which mmediate ling the se lost SNIFICANT CO ATION	DUE TO, (DUE TO, (DUE TO, (19b. CONT	DITION FOR WHIC	UENCE OF	I NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIF	NGS USED
21d. INJURY OCCU	(CALEXAMINER)	21e PLACE	P.M. OF INJURY TREET, FACTORY, OFFICE	19	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
22a. I certify that (saw the decea above, (I) (we) 22b. SIGN ATURE	I) (this hospital seed alive on (did) (did see)	wew the bod	-17 10	np.	nd that in (my) (our) apinio DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF	and from the	
23a BURIAL CREMATION		23b. DATE			CEMETERY OR CREMATORY			1	-
(SPECIFY) Burial	REMOVAL	6/20/			unt Cemetery	Finksbu:		county	STATE Md.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

6/20/1979 Sandymount Cemetery Thomas D. Fletcher & Son Funeral Home Md.

Finksburg

TRAR 75b. REGISTRAP'S SIGNATURE

Carroll

9 8 "Years the Lovica "thier ALLES TO A LONG TO SELLEU. broive estalment County County Can. Assp. trained formatter to see the state of the st ilian de la lace de lace de la lace de l 4 . 27 St. O Mrs .ary E. Brown Same az 13 Not a Millowest transfer transfer demanded the file of the late of And the state of t

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 in	retained by the haspital or attending physician. TO FINERAL DIRECTOR: After this certificate has been staned by the attending objection and completely filled in by the funeral	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

Cremation

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTN	ICATE OF	MENTAL HYG DEATH	IEIE 9	0.	8		Ö		
	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DEATH	MONTH 0	AY Y	EAR	2b HOU	R
(1111)	Ma	rgare	t	L.	Su	ehle		June	12	197	79	3:00	A,
3 SE	X		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	-	IF UNDER	_	IF UNDER	_
	Female		White	9	2/4	7	1902	77	YRS	ONTHS	DAYS	HOURS	MIN
7a. B	IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED [9 BALTIMORE CITY O	R COUNTY	OF DEA	TH		
	aryland		U.S.	.A.	WIDOWE	and the same of th	NORCED T	Ca	rroll				MI
	estminster	ТН	(IF NOT IN SUC	HOSPITAL, NURSING HFACILITY, GIVE STREET A Prizzello	ADDRESS)		TITUTION	126 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE				F BUSINE	SS OR
M	aryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Westmins	V	13d INSIDE (NO K	13e STREET ADDRESS 219 Nicode	mus Ro	ad			
14 F/	ATHER'S NAME	~	AIDDLE	LAST		15. MOTHER	S MAIDEN NAM	WE			LAST	,	
	Maximilli	an 1	V.	Knoop		Kat	herine	E.		Sch			
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADD	450 Fr	122	e11	burg	Rd
,	No	(# 120, ONE	WAR OR DATES,	218 14 7	226	Mrs C	. Elizal	beth Wenzin	ig Wes	tmi	nst	er, l	Md.
7	Conditions, if ony, gove rise to imm couse (a), statin underlying cause	which nediate g the last	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	Hemmorr R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	NOT RELATE	O TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PA	ART 1(c	3)	
ION	Arter	io sc		cardiova					10.53			559	
CERTIFICATION	19d DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	RATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINI IN CERTIFYING CAUS						H?	
MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PA	Rî 2)		
MED	21d. INJURY OCCURR	HILE [21a PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATI STREET	ON	CITY OR TOV	WN	COUNT	ľΥ	STA	ATE
	22a I certify that (I) sow the decease above, (1) Twe (d	this Form	of 6/9 th	e deceased from 7	9		, 19 <u>/8</u>) (œr) opinion o	to 6/12 death occurred on the de	, 1 ote and hour	ond from		that (1) (4 couses sta	
	224 SIGNATURE	Va	lum	de		-	ATTENDING Y-PHYSICIAN		IAN	(3/79	
	Richard Y	(rymple,	M.D.			Suite # estmins		1 Plaz	a			
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	5	COUNTY		STA	TE

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

6/13.1979

Security Process Corp Catonsville 23c. NAME OF CEMETERY OR CREMATORY

Baltimore

STATE Md.

Thomas D. Fletcher & Son Funeral Home Main St. Westminster Md.

JUN 1 9 1979

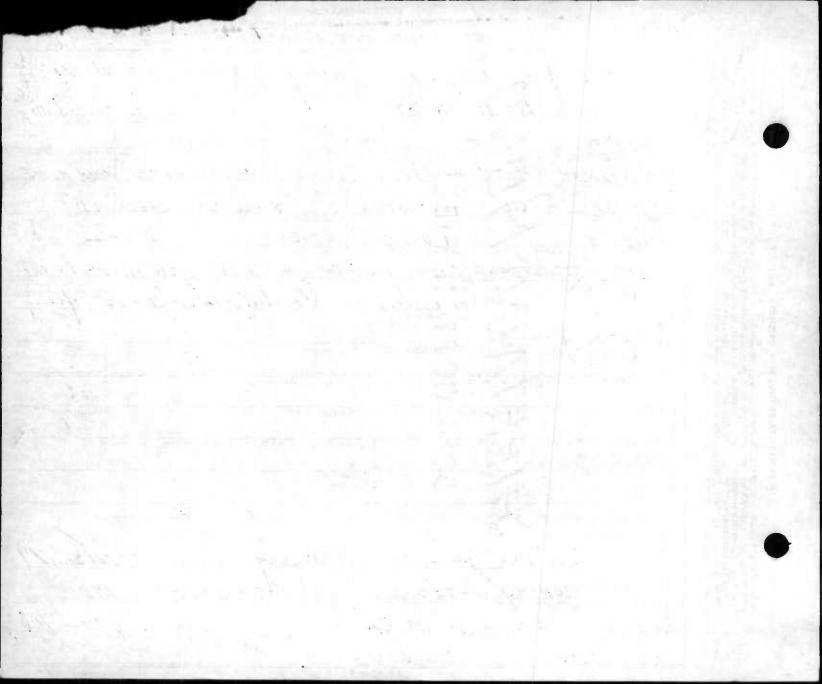
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE HIS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 M BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

-					ST	ATE OF	AARYLAND					
N	1-	FOR STATE					AND MENTAL			4		
		REGISTRAR		MEDI	ICAL EXAM	INEK.2	LEKTIFICATE	OPDEAT	KEG.		4971	/
		CEASED NAME E OR PRINT	V 4	- 15:	MIDDLE		alled		DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	2h HO 17
	3. SEX		X 15.1	ATE OF BIRTH	6. AGE (IN	YEARS IF U	DER I YR. WUNDE			MONTH	DAY YEAR	Zd HOUR
		FW	///	DEC 16-	YEAR LAST BIRT	HDAY) MONT			DEAD	6	21 ,079	9 100
1	7a. BI	RTHPLACE (STATE OR		CITIZEN OF WHA	T COUNTRY?	Te	IED NEVER MARI	9.1	BALTIMORE CITY	OR COUNT		A
31	/	PARY LAND		USA		WIDOV	ED DIVOR	CED 🗆	CARROL			MD.
18	IU CI	TY OR TOWN OF DEAT	H 11.	LIF NOT IN SUCH FACIL	TAL, NURSING HO	ME, OR OTH	ER INSTITUTION		OCCUPATION (T T OF WORKING LIFE)	YPE OF WORK	126 KIND OF B OR INDUS	TRY
-	NE	L RESIDENCE (IF IN NURS	5 R 9	263 SAI	75 CREE	KK	D.	HOU	SEKEE	PER	OWN H	emE
A	13a S		B COUNTY		13c. CITY OR TOWN	4	138 INSIDE CITY LIMITS? YES [] NO [2]	and the second second	ADDRESS	0000	25	
=	14.77	THER'S NAME	CAM	022	NEW WIN	0301	IS MOTHER'S MAID	1.734.6.7	SAMS C	KEEK	N.D	
60		F9857	AA.	DDIE	HADAT		ETHEL	Serie Tarrine	MIDDLE	DOVE	LAST	
7	No. V	WILFORD VAS DECEASED EVER IN	U.S. ARMED	FORCES?	HODGE		IT INFORMANT		ADDRE	SS	before	_
1	(4)	IS NO OF UNKNOWN	218-18	OR DATES)	219-19-	9405	DOSS M.	TALL	EV NEW	1 win	INCAR	mi
		III. CAUSE OF DEATH			210-10	1703	10033 19.	1 Hhal	1 / 1/20 11	TELA	D SO /	THE
		PARTI DEATH WA	S CAUSED BY	[4]	(a), (b), and (c)	7	- Class	Ville	11-1	1	BETWEEN CAPE	
		4590	MMEDIATE C		A CONSEQUENC	TOP TO	e core	citt es	cigal &	prougs	1	
		Conditions, if on	y, which	50210.003	, a conscionation	-0					1	
24		gave rise to in cause (a) stating to		(b)	A CONSEQUENC	TOF				-		_
		lying cause last	THE STREET	DUE TO, OR AS	A CONSEQUENC	E OF					1 5	
	-	PART 2 OTHER SIGNIFICANT (UNDITIONS CONT	DIRITING TO OFATH BUT	NOT BELATED TO THE T	TRANSPORTER	F OR COMPUTATION CONTAINS					
	Z	TAKE & OTHER SIGNIFICANT O	CHOITIGH O	DECTING TO GENTIL BUT	NOT KEENTED TO THE T	ERMINAL UISEAS	E OK CONDITION GIVEN IN P.	ARI I IGA				
-	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDITIC	ON FOR WHICH OP	PERATION W	AS PERFORMED?				20 AUTOPSY	12
2	IFIC,									T at	_	
D-	ERT	210. EXTERNAL CAUSE	WAS	216. TIME OF IN	NJURY	721c. H	OW INJURY OCCURR	PED JENTER NATU	JRE OF INJURY IN ITEM	18 PART 1 OR PAR	YES L	NO IX
0	ALC	UNDERLYING OF	2		MONTH DAY YE	AR						
	WEDIC	THE INJURY OCCURRE			INJURY INTHOME	21f. LO	CATION					
	M	WHILE NOT W	HILE [STREET, FACTOR	V. FABM, RTC.		TREET	C	ITY OR TOWN	cou	INTY .	STATE
		AT WORK AT WO	RK.					F=->C				
		32s. I certify their I to	ook sharge of	the amoint dear	bed above, held a	Autop	sy . Inspection	on ,	Inquiry 🔀	ond in my op	inion	,
		death resulted from	Noturn co	uses /	Codent	Suicide	, Homicide/	Undeterm	ined monner		/	
		ACTUAL (//	1//>	land		TITLE EPECIFY)	//		DATE	-4	70
\vdash		SIGNATURE	etant	y	une -	N	D. Segent	MEDICA	LEXAMINER	SIGNE	21 Jun	0/1
2		EXAMINER'S NAME	DIAMA	RN JO	NES		WIT	Lym,	VCTE	D	mh	
-	12- 81	(TYPE OR PRINT)/	MOVAL TEA C	1		Celleseny C	ADDRESS IV E 3	23d. LOCA	YS/E/		111	
	-43	(COM)	T	(VIII)	NAME OF C	100		CITY OR T	OWN	COUN	DA I	STATE
	24. FL	URIAL DIRECTOR	NO	NE 24,19	17 / IFF	CIEC	250. DATE	REC'D. BY RE	GISTRAR 25b. RE		IGNATURE	11/1
		GAMED 7/117	- late	SPRESS	Illiand.	141		AL IAI O	6 1979		y/roch	rooley
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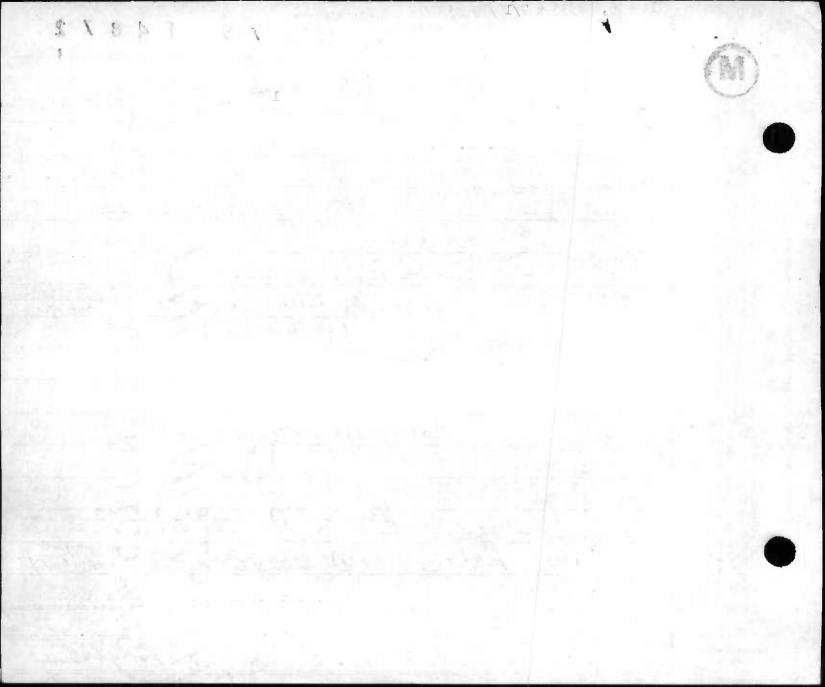
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

retained by the hospital or attending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

4	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC	YNE 9	1 4	8	1	2
		CEASED NAME FIRST OR PRINT) Helene		ictoria		ail		REG. NO.	79	YEAR	26 HOUR
	3. SE)	Female	4 RACE	White	S. DATE C	bruary 11, 1	9 AGE (IN YEAR 79-80 =		MONTHS	DAYS	IF UNDER 24 H
58	Ma	RTHPLACE (STATE OR FOREIGN DUNTRY) SSACHUSETTS TY OR TOWN OF DEATH	U. S	WHAT COUNTRY? S. A. HOSPITAL NURSIN	WIDOWE	DE DIVORCED DO OTHER INSTITUTION		COLL CO	unty	7	F BUSINESS
00		ldersburg	6776	Marvin A	venu		Teler	phone of	pera	Hor	C.&
35	13a. S	ALRESIDENCE (IF NURSING HOME ITATE 130 COL	or other institution INTY	13c. CITY OR TOW Eldersh	N	136 INSIDE CITY LIMITS?		darvin .	Aver	nue	
1/0	14 FA	Carl	MIDDLE	Carlst	rom	IS MOTHER'S MAIDEN NA		MIDOLE	Unl	cnow	n
1	16a V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATEST	011-05-1		Edward Va	ail	ADDRESS 67	76 N	Marv	in Av
		Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONSEQUE	NCE OF	Cla lleiv	ck)		1		
, , , , , , , , , , , , , , , , , , ,	7	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c)	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE	or condition (GIVEN IN	PART 1 c	
2 9	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	(c) CONDITIONS CONDITIONS COND	ONTRIBUTING TO D	OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED Abd Wall 216 HOW INJURY OCCUR	200 AUTOP	SY? 20b. IF Y	YES, WER TIFYING YES []	E FINDIN CAUSES	IGS USED OF DEATH?
2 9	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS	ONTRIBUTING TO D	OPERATIO OPERATIO YEAR 19	abd wall	200 AUTOP	SY? 20b. IF Y	YES, WER TIFYING YES [] 8, PART 1 OF	E FINDIN CAUSES	IGS USED OF DEATH?
		Underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CIFE EITHER, NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	CONDITIONS	ONTRIBUTING TO E	OPERATIO OPERATIO OPERATIO AV YEAR 19 ARM, ETC.)	211 LOCATION STREET TO THE TOP TO STREET T	200 AUTOP YES 1 RED (ENTER NATU	20b. IF Y IN CER NO X RE OF INJURY IN ITEM 1.	YES, WER TIFYING YES D CO	E FINDIN CAUSES	STATE
of control is near the montrol of the control of th		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING ATWORK 210 INJURY OCCURRED WHILE ATWORK ATWORK 220. I Certify that (1) (this has sow the deceased alive on obove, (1) (ween-addy) and of the contribution and other contributions.	CONDITIONS	ONTRIBUTING TO E	OPERATIO OPERATIO OPERATIO AV YEAR 19 ARM, ETC.)	212 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOP YES	SY? 70b. IF Y IN CER NO X RE OF INJURY IN ITEM 1. THE date and h STAFF PHYSICIAN	YES, WER TIFYING YES CO	E FINDING CAUSES RPART 2) UNITY from the 2c. DATE	STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the hospital or attending physician STATE OF MARYLAND

8728 Liberty Road, Randallstown, Md. 21133

8 7 3. 4 DEPARTMENT OF HEALTH AND MENTAL HYEJENE 9

JUN 1

FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. N	1 4 8	- /	<u>3</u> .	
1 DECEASED NAME	FIRST		MIDOLE LAST		LAST	20 DATE OF DEATH MONTH GAY YEAR 26 HOU				
(TYPE OR PRINT)	Jese	ph	Freeman	W	allace	1	0 13	79	GAM	
3 SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 MRS	
Male		Whit	е	100 NT	" 86 Z6.	58	YRS	DAYS	HOURS MIN	
To BIRTHPLACE ISTATE O			WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		DEATH		
Leonardtow	n, Md.	USA		MARRIE		Carroll C	County		MD.	
10 CITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF	BUSINESS OR	
Sykesville		4514 C	herrytree	Lane		Supervisor	OF WORKING LIFE	S.S.	A	
USUAL RESIDENCE (IF N No. STATE Maryland	ISING HOME COU	R OTHER INSTITUTION	13. CITY OR TOW Sykesvi	E AOMISSION)	134 INSIDE CITY LIMITS?	13e SIREEL ADDRESS 4514 Che	rrvtree	T.ane		
14 FATHER'S NAME			1-0		YES NO-15		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200240		
Joseph	C	Tenn	Wallac	e	Berine	MIDDLE	Ne	wton		
160 WAS DECEASED EV			166. SOCIAL SECU		17 INFORMANT	ADDR	ESS 31784			
Yes NO OR UNKNOWN)		W W N 11	577-28-3	1965	Mrs. Rhea Wa	llame,4514	Cherry T	ree L	ane	
underlying cau	ting the ise lost	CONDITIONS C	ITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, WEF	RE FINDING		
210. ACCIDENT WAS	WIDEBLAND E	7 216 TIME C	- 11	owe	121c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES [NO []	
00.00.00.00.00.00.00	CAUSE OF OF	ATH HOUR A	.M. MONTH D.	AY YEAR	ZIT. HOW INJURY OCCUR	(ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 O	JR PART 2)		
(IF EITHER, NOTIFY ME) 21d. INJURY OCCU			OF INJURY	19	211 LOCATION					
	WHILE WORK		REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TO	WN CO	YTAUC	STATE	
sow the dece	ased alive a	- 1	he deceased from 19		nd that in (my) (max) opinion DEGREE ATTENDING	MEDICAL STA	AFF 2			
) Au		nice	11.	W.	PHYSICIAN {	DIRECTOR PHYSIC	CIAN	6/13	17	
22d. PHYSICIAN'S Karl	F. Me	-	М.	D.	3350 Wilken	s avenue,Su	ite 104,	21.22	.9	
230. BURIAL, CREMATIO (SPECIFY) Buria		236. DATE 6/15			iew Memorial	Pk Sykesvi	lle,Carr	ŏll,M	d.21884	
24 FLOERAL PIRECES	ers Fu	neral D	irectors	P.A.		TE REC'D. BY REGISTRAR	256 RECOTRAR'S	hel	moly	

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the fi should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified.

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set all the set of the

		EGISTRAR		MEDICALE	XAMINER'S	CERTIFICATE OF	DEATH	REG. NO.	9	5
T		EASED NAME OR PRINT)	ROBERT	MIDDLE T.EE	WILLIAMS	LAST	20. DATE KN OF E DEATH M.	OWN X MON	15	YEAR . ₹26 HOUR
ON STREET	SEX	ale Co		E OF BIRTH		INDER 1 YR. IF UNDER 24		MONT	H DAY	YEAR 2d 899
14 149	4	on a large	76 EIT	11.5 A	MAR	RIED NEVER MARRIED	LXI	roll Co		PEATH
PAG TH	W	estministe:	r (IF)	ME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE ST Springfield	State Ho		FOR MOST OF WORKING		17h KIN OR	D OF BUSINESS INDUSTRY
m 4 0 2	JOH JOH		THE HOME OF OTHER I	INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? 13	se. STREET ADDRESS	Benta	be	ST
A PW		THER'S NAME	WIDDLE	Willia	mson	15 MOTHER'S MAIDEN	MIDDI	1	CRA!	izer
WITH FOR WITH FOR ONISION O	60. W	AS DECEASED EVER II s, no, or unknown)	N U.S. ARMED FO (IF YES, GIVE WAR OR D		-16-5514	hrs. Emile	Smith	16216	Benta	low St
EM 18. ONG W ERMIT. P		PARTIDEATH WA	S CAUSED BY:		ng	0	/		AP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ENCIL IN II	7	Canditians, if ar	ny, which mmediate	(b)						
RIAL OR OR		cause (a) stating t lying cause last.		(c)						
040	NOI					ASE OR CONDITION GIVEN IN PART 1) a	(4		
ENT OF HE BURIAL, CRI	CERTIFICATION	190. DATÉ OF OPERAT		19b CONDITION FOR V				4	Y	UTOPSY?
250		210 EXTERNAL CAUSI UNDERLYING OCONTRIBUTING C	R AUSE OF DEATH	P.M.	157 19 S	ubject drown			R PART 2)	
STATE DEPA	MEDICAL	WHILE NOT V	VHILE X	21e. PLACE OF INJURY STREET, FACTORY, FARM, ET nursing !	rc.)	ocation street ringfield St	ate Hosp.	Sykesvi	county	Carr. Co. M
67 W 1			toak charge af the	eremains described abares		npsy X , Inspection [Inquiry Undetermined mann	and in my	apinian	
DIRE L DIRE H, WITH		ACTUAL SIGNATURE	gine !	LDolan -	10	TITLE (SPECIFY) M.D. Assistant	_MEDICAL EXAMIN	ER SIG	TE GNED	6/16/79
PAGE 4 SHOUL PAGE 4 SHOUL AFTER DEATH, V BALTIMORE, MAI		EXAMINER'S NAME (TYPE OR PRINT)		a L. Dolan,		- NO DIECOS	PennStree	t, Balti	more,	MD 21201
A T A A	(5	JRIAL, CREMATION, RE	MOVAL 236 DAT	19-79	T. Aub	UN (Pm	23d AOCATION	71	OUNTY	STATE /
- 17 AE (5))	10	NAME SPOK 1	Russ 2	222 W.No	oth Ave	JUN		25b. RECHTRAR	KEL	Greedy

Items #18a-22a Film G533 7/18/79 rejate of Maryland DEPARTMENT OF HEALTH AND MENTAL HYGENE

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1 - 5	OR TATE EGISTRAR		533 7/5/79 DEPARTMI MEDICAL EX	ENT OF HEALTH	AND MENTAL HY	GIENE RE	1 A	8 7 5	i
T. DEC	EASED NAME OR PRINT)	Shirley	мае	W.	.11is	20. DATE KNOW OF ESTI DEATH MATE	/N X MONTH	9 19 79	76. HC
3. SEX	4 RACI	5 DATE	OF BIRTH 6		DER 1 YR. IF UNDER 2	4 HRS 20 DATE MIN PRONOUNCED	MONTH	DAY YEAR	2 : 2
-	emale Bla	ack 2/3	1941 EN OF WHAT COUNTR	38 YRS.		DEAD 9 BALTIMORE O	TTY OR COUN	9 1979	
	Maryland		U. S.	WIDOW	ED NEVER MARRIEI ED DIVORCEI		1 Count		
Ne	W Windsor	(IF NO	TE OF HOSPITAL, NURS IT IN SUCH FACILITY, GIVE STREET 117 Slingly	uff Lane	er institution	FOR MOST OF WORKING LIF domest1	E)	or industr	RY
13a. ST		rsing home or other ins 13b. COUNTY Carroll	13c. CITY O		YES NO S	3e STREET ADDRESS 1117 Slin	gluff I	ane	
14 FA	THER'S NAME FIRST William	MIDDLE	LAS Tr	5T	15. MOTHER'S MAIDEN	NAME	. 1	LAST Ckson	
	AS DECEASED EVER	IN U.S. ARMED FOR (IF YES, GIVE WAR OR DAT	CES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	Slin Willis,	Pluff	Lane.	Md
No	Conditions, if c gove rise to couse (a) stoting lying couse lost. PART 2 OTHER SIGNIFICAN	ony, which immediate the <u>under-</u>	UE TO, OR AS A CONSE (b) UE TO, OR AS A CONSE (c) 46 TO DEATH BUT NOT RELATED	EQUENCE OF	OR CONDITION GIVEN IN PART	1 (a).			
CATIC	190. DATE OF OPERA	TION 19	CONDITION FOR WE	HICH OPERATION W	AS PERFORMED?			20. AUTOPSY?	?
MEDICAL CERTIFICATION	210 EXTERNAL CAUS	OR F	b. TIME OF INJURY HOUR A.M. MONTH D		DW INJURY OCCURRED	ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR P	YES 😿	NO
MEDIC	214 INJURY OCCUR	WHILE [7]	Ie. PLACE OF INJURY STREET, FACTORY, FARM, ETC		CATION	CITY OR TOWN	cc	YTNUC	STA
	ACTUAL SIGNATURE EXAMINER'S NAME	Noturol couses	Accident A Korel	Suicide Management	Homicide TITLE (SPECIFY) D. Assistant	Undetermined monner MEDICAL EXAMINER 111 Pe	ond in my o	6/9/79	9
(5	(TYPE OR PRINT) PRIAL, CREMATION, R PECFY) Burial	EMOVAL 23b. DATE	23c. NA	ME OF CEMETERY O	Cemeterv	23d LOCATION CITY OR TOWN	k cou	THE PARTY NAMED IN COLUMN	1.
	NERALDIRECTOR	/ // //	/		1250 DATE RE	C'D. BY REGISTRAR 1256	KESPIS LIEAN SA	DESIGNATION OF THE PERSON OF T	

2 1 8 3 7 5 The second secon 6/12/1970 . Salays or denoters . Free entor of district to

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remake carbon popers. Pages 1 and 2 should be filed within 72 hours the control of the c ITENDING PHYSICIAN: The low requires that the death certificate be executed TO HOSPITAL CF ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

STATE OF MARYLAND DEPAR

RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEN	E 9	RE	G. NO.	4	8	7		6
TZAL	1 20	DATE	E DEAT	THE MONE	TM .	DAY	VEAD	Tor	1.0

1-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	PREG. NO. 4 8 7. 6
(TYPE	CEASED NAME FIRST ELINA CR PRINT) ELINA	RAR!	Vishner	2ª DATE OF DEATH MONTH DAY YEAR 26. HOURS
3 SE	Female 4. RAI	(1) -	MONTH DAY YEAR 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HINS MONTHS DAYS HOURS MIN
	RTHPLACE ISTATE OR FOREIGN 76 CI	1 6 1	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH AD. MD.
u	Vestminster C	NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
130 5	Md. CARRO	INSTITUTION, GIVE RESIDENCE BEFORE ADMI	134 INSIDE CITY LIMITS?	13e STREET ADDRESS STREET Rd.
	Nimrod Ph	illies LAST	15 MOTHER'S MAIDEN NAME FIRST	MIDDLE GARDNER LAST
	VAS DECEASED EVER IN U.S. ARMED F		17. INFORMANT 19 JAMES WIS	hner Sykesville Md.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE (c)	OF	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
TION	adenoschist	ic boat de	sease deals	inal disease or condition given in part 110
CERTIFICATION	19a. DATE OF OPERATION	96 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? YES NO
EDICAL CE		1b. TIME OF INJURY HOUR A.M. MONTH DAY ' P.M.		RED (ENTER NATURE O INJURY IN ITEM 18, PART 1 OR PART 2)
MEDI		Te PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
	22a.1 certify that (1) (this hospital) of sow the decepsed alive appropriate (1) (we) (did) (did hat) view 22 SON TURE	2/23 1979	, and that in (my) (907) apinion of	death accurred on the date and hour and from the causes stated MEDICAL STAFF ST
23a. B	22d, PHYSICIAN'S NAME (TYPE OR PRINT) SUBJAL, CREMATION, REMOVAL 23b	. DATE 23¢ NAME	22e. ADDRESS OF CEMETERY OR CREMATORY	234 LOCATION COUNTY STATE.

BP DHMH - 16 50M 76 (VR A 15 (4))

TO HOSPITAL

PUNIC LEMAT.

24 FUNERAL DIRECTOR

JAME

